

OHA - Drinking Water Services - Surface Water Quality Data Form

County: Grant

Month/Year: Mar-23

Cartridge or Bag Filtration

System Name: Monument, City of		ID#: 41 00541	WTP ID: TP- A			
Day	PSI Before Filter	PSI After Filter	PSID	PSID When to Change Filter	Daily Turbidity Reading [NTU]	Highest Reading of the day <sup>1</sup> [NTU]
1	0.00	0.00	0.00	25	1.29	1.29
2	0.00	0.00	0.00	25	1.17	1.17
3	14.00	11.00	3.00	25	1.20	1.20
4	14.00	11.00	3.00	25	1.28	1.28
5	0.00	0.00	0.00	25	1.03	1.03
6	0.00	0.00	0.00	25	1.18	1.18
7	15.00	10.00	5.00	25	1.38	1.38
8	16.00	14.00	2.00	25	1.24	1.24
9	20.00	16.00	4.00	25	0.98	0.98
10	0.00	0.00	0.00	25	0.98	0.98
11	8.00	6.00	2.00	25	0.80	0.80
12	0.00	0.00	0.00	25	0.78	0.78
13	0.00	0.00	0.00	25	0.65	0.65
14	0.00	0.00	0.00	25	0.69	0.69
15	0.00	0.00	0.00	25	0.67	0.67
16	0.00	0.00	0.00	25	0.84	0.84
17	0.00	0.00	0.00	25	0.47	0.47
18	10.00	10.00	0.00	25	0.47	0.47
19	10.00	10.00	0.00	25	0.45	0.45
20	0.00	0.00	0.00	25	0.43	0.43
21	0.00	0.00	0.00	25	0.68	0.68
22	10.00	10.00	0.00	25	0.45	0.45
23	0.00	0.00	0.00	25	0.40	0.40
24	10.00	10.00	0.00	25	0.36	0.36
25	0.00	0.00	0.00	25	0.47	0.47
26	0.00	0.00	0.00	25	0.39	0.39
27	0.00	0.00	0.00	25	0.23	0.23
28	0.00	0.00	0.00	25	46.00	46
29	10.00	10.00	0.00	25	0.23	0.23
30	0.00	0.00	0.00	25	0.36	0.36
31	0.00	0.00	0.00	25	0.21	0.21

Cartridge & Bag Filtration		Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings ≤ 1 NTU?	Yes / No	CT's met everyday? (see back)	All Cl2 residual at entry point ≥ 0.2 mg/l?
All daily turbidity readings ≤ 5 NTU?	Yes / No	Yes / No	Yes / No
Notes: PSI = pounds per square inch PSID = pounds per square inch difference (before filter - after filter) PSID When to Change Filter = look in manual for manufacturer's specifications when to change the filter at what PSID.		PRINTED NAME: <i>Pat Goehring</i> SIGNATURE: <i>[Signature]</i> DATE: <i>4/5/23</i> PHONE #: <i>541 408 2437</i> CERT #: <i>0904</i>	

<sup>1</sup> Including continuous NTU data, if applicable, for optimization recording purposes. Compliance values in Daily Turbidity Reading column may not correspond to continuous readings' maximum.

**OHA - Drinking Water Services - Surface Water Quality Data Form**

System Name:

Monument, City of

ID#: 41 00541

Month/Ye May-23

WTP: - A

Disinfection  
Giardia Log  
Inactiv:

0.5

$CT_{actual} = C_{well}(53 \text{ min.}) + C_{reservoir}(69 \text{ min.})$

Date	Cl <sub>2</sub> Residual before filters (C <sub>well</sub> )	Cl <sub>2</sub> Residual at res. outlet (C <sub>reservoir</sub> ) <sup>2</sup>	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? <sup>2</sup>	Peak Hourly Demand Flow
	[ppm or mg/L]	[ppm or mg/L]	[minutes]	formula	[° C]		formula	Yes / No	[GPM]
1	0.2	0.2	53/69	24.4	15.0	6.70	11.1	YES	0.24
2	0.2	0.8	53/69	65.8	15.0	6.70	11.1	YES	21
3	0.2	0.6	53/69	52.0	15.0	6.80	11.5	YES	24
4	0.1	0.2	53/69	19.1	16.0	6.90	11.1	YES	0
5	0.1	0.8	53/69	60.5	16.0	6.80	10.7	YES	22
6	0.2	0.7	53/69	58.9	15.0	6.70	11.1	YES	0
7	0.1	0.6	53/69	46.7	16.0	6.70	10.3	YES	25
8	0.1	0.2	53/69	19.1	16.0	6.70	10.3	YES	58
9	0.1	0.8	53/69	60.5	16.0	7.00	11.5	YES	17
10	0.1	0.4	53/69	32.9	16.0	6.90	11.1	YES	0
11	0.1	1.8	53/69	129.5	17.0	6.80	10.0	YES	17
12	0.1	2	53/69	143.3	15.0	6.80	11.4	YES	24
13	0.1	1.6	53/69	115.7	16.0	6.70	10.3	YES	0
14	0.1	0.8	53/69	60.5	16.0	6.50	9.5	YES	0
15	0.1	0.3	53/69	26.0	16.0	6.70	10.3	YES	24
16	0.2	0.8	53/69	65.8	17.0	6.80	10.1	YES	0
17	0.2	0.8	53/69	65.8	17.0	6.90	10.5	YES	24
18	0.2	0.9	53/69	72.7	16.0	6.70	10.4	YES	32
19	0.1	0.5	53/69	39.8	16.0	6.70	10.3	YES	0
20	0.1	0.5	53/69	39.8	17.0	6.70	9.6	YES	0
21	0.2	0.5	53/69	45.1	17.0	6.70	9.7	YES	24
22	0.1	0.2	53/69	19.1	17.0	6.70	9.6	YES	21
23	0.2	0.7	53/69	58.9	15.0	6.80	11.5	YES	20
24	0.1	0.9	53/69	67.4	15.0	6.90	11.8	YES	19
25	0.1	0.7	53/69	53.6	15.0	6.80	11.4	YES	0
26	0.2	0.7	53/69	58.9	16.0	6.80	10.8	YES	26
27	0.1	0.8	53/69	60.5	16.0	6.80	10.7	YES	18
28	0.1	0.6	53/69	46.7	16.0	6.70	10.3	YES	20
29	0.1	0.5	53/69	39.8	16.0	6.80	10.7	YES	18
30	0.1	0.9	53/69	67.4	17.0	6.90	10.3	YES	0
31	0.2	1	53/69	79.6	16.0	6.90	11.2	YES	0

<sup>2</sup> If Cl<sub>2</sub> at entry point < 0.2 mg/l or CT not met, notify DWS within 24 hours.

Revised Aug. 24, 2022

Return by 10th of following month by email, fax, or mail to:

[dwp.dmce@state.or.us](mailto:dwp.dmce@state.or.us); 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350