

OHA - Drinking Water Services - Surface Water Quality Data Form

County: Grant

Cartridge or Bag Filtration

Month/Year: Jul-23

System Name:		Monument, City of			ID#:	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 ¹ [NTU]	
1	12.00	10.00	2.00	25	0.23	0.23	
2	0.00	0.00	0.00	25	0.25	0.25	
3	20.00	10.00	10.00	25	0.13	0.13	
4	20.00	10.00	10.00	25	0.26	0.26	
5	20.00	10.00	10.00	25	0.17	0.17	
6	0.00	0.00	0.00	25	0.18	0.18	
7	0.00	0.00	0.00	25	0.18	0.18	
8	22.00	10.00	12.00	25	0.12	0.12	
9	22.00	10.00	12.00	25	0.18	0.18	
10	10.00	8.00	2.00	25	0.18	0.18	
11	10.00	8.00	2.00	25	0.15	0.15	
12	9.00	8.00	1.00	25	0.28	0.28	
13	9.00	8.00	1.00	25	0.34	0.34	
14	0.00	0.00	0.00	25	0.36	0.36	
15	9.00	8.00	1.00	25	0.32	0.32	
16	9.00	8.00	1.00	25	0.24	0.24	
17	0.00	0.00	0.00	25	0.16	0.16	
18	9.00	8.00	1.00	25	0.12	0.12	
19	9.00	8.00	1.00	25	0.40	0.40	
20	9.00	8.00	1.00	25	0.14	0.14	
21	9.00	8.00	1.00	25	0.14	0.14	
22	0.00	0.00	0.00	25	0.13	0.13	
23	0.00	0.00	0.00	25	0.12	0.12	
24	0.00	0.00	0.00	25	0.37	0.37	
25	9.00	8.00	1.00	25	0.11	0.11	
26	0.00	0.00	0.00	25	0.27	0.27	
27	0.00	0.00	0.00	25	0.29	0.29	
28	10.00	9.00	1.00	25	0.27	0.27	
29	10.00	9.00	1.00	25	0.28	0.28	
30	9.00	8.00	1.00	25	0.18	0.18	
31	10.00	9.00	1.00	25	0.58	0.58	

Cartridge & Bag Filtration		Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings ≤ 1 NTU?	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	CT's met everyday? (see back)	All Cl2 residual at entry point ≥ 0.2 mg/l?
All daily turbidity readings ≤ 5 NTU?	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> 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:	
	SIGNATURE:	DATE:
	PHONE #: ()	CERT #:

¹ 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

WTP - : A

System Name:

Monument, City of

ID#: 41 00541

Month/Ye

Jul-23

Disinfection
Giardia Log
Inactiv:

0.5

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

Date	Cl ₂ Residual before filters (C _{well})	Cl ₂ Residual at res. outlet (C _{reservoir}) ²	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? ²	Peak Hourly Demand Flow
	[ppm or mg/L]	[ppm or mg/L]	[minutes]	formula	[° C]		formula	Yes / No	[GPM]
1	0.2	1.4	53/69	107.2	18.0	7.00	11.7	YES	30
2	0.1	2.3	53/69	164.0	18.0	7.00	10.0	YES	26
3	0.3	2.1	53/69	160.8	18.0	6.80	9.5	YES	36
4	0.3	1.8	53/69	140.1	17.0	6.90	10.6	YES	37
5	0.2	1.1	53/69	86.5	18.0	6.90	9.8	YES	26
6	0.2	1.6	53/69	121.0	19.0	6.80	8.8	YES	25
7	0.3	1.4	53/69	112.5	18.0	6.80	9.5	YES	NA
8	0.3	2.4	53/69	181.5	19.0	6.70	8.6	YES	32
9	0.6	2.7	53/69	218.1	19.0	6.70	8.9	YES	45
10	0.2	2	53/69	148.6	19.0	6.80	8.8	YES	21
11	0.1	0.9	53/69	67.4	18.0	6.80	9.3	YES	32
12	0.4	1.3	53/69	110.9	18.0	6.80	9.6	YES	19
13	0.4	1.2	53/69	104.0	21.0	6.90	8.2	YES	30
14	0.3	0.8	53/69	71.1	19.0	6.80	8.9	YES	32
15	0.3	0.8	53/69	71.1	19.0	6.80	8.9	YES	32
16	0.3	1.6	53/69	126.3	19.0	6.90	9.2	YES	24
17	0.4	1.8	53/69	145.4	19.0	6.90	9.4	YES	16
18	0.5	1.5	53/69	130.0	18.0	6.70	9.4	YES	21
19	0.5	1.1	53/69	102.4	18.0	6.70	9.4	YES	36
20	0.3	2	53/69	153.9	18.0	6.80	9.5	YES	34
21	0.3	1.1	53/69	91.8	18.0	6.90	9.9	YES	26
22	0.3	1.4	53/69	112.5	20.0	6.80	8.3	YES	NA
23	0.3	1.1	53/69	91.8	19.0	6.80	8.9	YES	18
24	0.5	1.9	53/69	157.6	19.0	6.70	8.8	YES	27
25	0.5	1.9	53/69	157.6	18.0	6.60	9.0	YES	NA
26	0.4	1	53/69	90.2	18.0	6.60	8.9	YES	23
27	0.5	0.9	53/69	88.6	18.0	6.60	9.0	YES	NA
28	0.5	1.1	53/69	102.4	20.0	6.70	8.2	YES	21
29	0.5	1.8	53/69	150.7	19.0	6.80	9.1	YES	20
30	0.4	0.5	53/69	55.7	21.0	6.80	7.9	YES	36
31	0.5	1.1	53/69	102.4	19.0	7.00	9.8	YES	32

² If Cl₂ 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; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350

Amended 8-2-2023
C.D.