

OHA - Drinking Water Services - Surface Water Quality Data Form

Cartridge or Bag Filtration

County: Grant

Month/Year: Oct-23

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	0.26	0.26
2	20.00	10.00	10.00	25	0.21	0.21
3	0.00	0.00	0.00	25	0.16	0.16
4	20.00	10.00	10.00	25	0.16	0.16
5	22.00	10.00	12.00	25	0.35	0.35
6	0.00	0.00	0.00	25	0.19	0.19
7	0.00	0.00	0.00	25	0.31	0.31
8	0.00	0.00	0.00	25	0.30	0.30
9	30.00	10.00	20.00	25	0.22	0.22
10	10.00	10.00	0.00	25	0.32	0.32
11	8.00	8.00	0.00	25	0.36	0.36
12	8.00	8.00	0.00	25	0.28	0.28
13	0.00	0.00	0.00	25	0.22	0.22
14	0.00	0.00	0.00	25	0.23	0.23
15	0.00	0.00	0.00	25	0.21	0.21
16	8.00	8.00	0.00	25	0.21	0.21
17	8.00	8.00	0.00	25	0.29	0.29
18	0.00	0.00	0.00	25	0.17	0.17
19	8.00	8.00	0.00	25	0.15	0.15
20	8.00	8.00	0.00	25	0.20	0.20
21	0.00	0.00	0.00	25	0.37	0.37
22	0.00	0.00	0.00	25	0.15	0.15
23	8.00	8.00	0.00	25	0.20	0.20
24	8.00	8.00	0.00	25	0.14	0.14
25	8.00	8.00	0.00	25	0.19	0.19
26	0.00	0.00	0.00	25	0.19	0.19
27	8.00	8.00	0.00	25	0.25	0.25
28	0.00	0.00	0.00	25	0.26	0.26
29	0.00	0.00	0.00	25	0.16	0.16
30	8.00	8.00	0.00	25	0.18	0.18
31	0.00	0.00	0.00	25	0.45	0.45

**Cartridge & Bag Filtration**  
 95% of daily turbidity readings ≤ 1 NTU?  Yes /  No  
 All daily turbidity readings ≤ 5 NTU?  Yes /  No

**Monthly Summary (Answer Yes or No)**  
 CT's met everyday? (see back)  Yes /  No  
 All Cl2 residual at entry point ≥ 0.2 mg/l?  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: *Paul Goehring*  
 SIGNATURE: *[Signature]* DATE: *10-9-23*  
 PHONE #: *(504) 408-2437* CERT #: *01043*

<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 Oct-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	0.4	53/69	38.2	17.0	7.00	11.1	YES	25
2	2.5	1.1	53/69	208.4	17.0	6.90	13.6	YES	35
3	1.5	1	53/69	148.5	17.0	7.00	12.6	YES	23
4	0.8	0.5	53/69	76.9	17.0	7.00	11.6	YES	NA
5	1.2	0.5	53/69	98.1	16.0	6.90	12.6	YES	NA
6	1.5	0.5	53/69	114.0	17.0	7.00	12.6	YES	17
7	1.5	0.3	53/69	100.2	17.0	6.90	12.2	YES	NA
8	1.6	0.3	53/69	105.5	17.0	7.00	12.8	YES	NA
9	1.6	0.3	53/69	105.5	17.0	7.00	12.8	YES	26
10	1.6	0.5	53/69	119.3	17.0	6.90	12.3	YES	18
11	0.2	0.3	53/69	31.3	16.0	7.30	13.0	YES	36
12	0.2	0.3	53/69	31.3	16.0	7.30	13.0	YES	NA
13	0.2	0.4	53/69	38.2	16.0	7.00	11.6	YES	NA
14	0.1	0.4	53/69	32.9	16.0	6.90	11.1	YES	25
15	0.1	0.2	53/69	19.1	16.0	7.00	11.5	YES	NA
16	0.2	0.4	53/69	38.2	16.0	7.00	11.6	YES	22
17	0.1	0.4	53/69	32.9	16.0	7.00	11.5	YES	NA
18	0.1	0.3	53/69	26.0	16.0	6.90	11.1	YES	NA
19	0.1	0.4	53/69	32.9	16.0	7.00	11.5	YES	25
20	0.1	0.3	53/69	26.0	16.0	7.00	11.5	YES	18
21	0.2	0.4	53/69	38.2	16.0	7.00	11.6	YES	NA
22	0.2	0.3	53/69	31.3	16.0	7.00	11.6	YES	NA
23	0.2	0.5	53/69	45.1	16.0	6.90	11.2	YES	17
24	0.2	0.5	53/69	45.1	16.0	7.00	11.6	YES	NA
25	0.2	0.4	53/69	38.2	15.0	7.00	12.4	YES	20
26	0.2	0.4	53/69	38.2	15.0	7.10	12.9	YES	21
27	0.2	0.4	53/69	38.2	14.0	7.10	13.8	YES	17
28	0.1	0.6	53/69	46.7	12.0	7.10	15.9	YES	NA
29	0.1	0.3	53/69	26.0	16.0	6.90	11.1	YES	NA
30	0.2	0.6	53/69	52.0	16.0	6.80	10.8	YES	NA
31	0.1	0.5	53/69	39.8	16.0	6.90	11.1	YES	96

<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:  
 dwd.dmce@state.or.us; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350