

OHA - Drinking Water Services - Surface Water Quality Data Form

County: **Grant**
 Month/Year: **Nov-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 ¹ [NTU]
1	0.00	0.00	0.00	25	0.20	0.20
2	0.00	0.00	0.00	25	0.14	0.14
3	8.00	8.00	0.00	25	0.20	0.20
4	8.00	8.00	0.00	25	0.27	0.27
5	0.00	0.00	0.00	25	0.14	0.14
6	8.00	8.00	0.00	25	0.23	0.23
7	8.00	8.00	0.00	25	0.16	0.16
8	0.00	0.00	0.00	25	0.13	0.13
9	8.00	8.00	0.00	25	0.16	0.16
10	10.00	10.00	0.00	25	0.16	0.16
11	0.00	0.00	0.00	25	0.21	0.21
12	9.00	9.00	0.00	25	0.13	0.13
13	10.00	10.00	0.00	25	0.16	0.16
14	0.00	0.00	0.00	25	0.16	0.16
15	0.00	0.00	0.00	25	0.14	0.14
16	0.00	0.00	0.00	25	0.13	0.13
17	10.00	10.00	0.00	25	0.13	0.13
18	0.00	0.00	0.00	25	0.15	0.15
19	0.00	0.00	0.00	25	0.10	0.10
20	0.00	0.00	0.00	25	0.12	0.12
21	10.00	10.00	0.00	25	0.11	0.11
22	0.00	0.00	0.00	25	0.15	0.15
23	0.00	0.00	0.00	25	0.11	0.11
24	10.00	10.00	0.00	25	0.12	0.12
25	11.00	11.00	0.00	25	0.17	0.17
26	0.00	0.00	0.00	25	0.11	0.11
27	0.00	0.00	0.00	25	0.18	0.18
28	0.00	0.00	0.00	25	0.18	0.18
29	0.00	0.00	0.00	25	0.09	0.09
30	11.00	10.00	1.00	25	0.10	0.10
31			0.00	25		

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: PAT GOEHNING	DATE: 12-4-23
		SIGNATURE: <i>[Signature]</i>	CERT #: 09043
		PHONE #: 541 408 2437	

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

Nov-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	0.3	0.4	53/69	43.5	16.0	7.10	12.3	YES	NA
2	0.2	0.3	53/69	31.3	16.0	7.10	12.1	YES	NA
3	0.2	0.3	53/69	31.3	17.0	6.90	10.5	YES	NA
4	0.3	0.4	53/69	43.5	17.0	6.90	10.6	YES	18
5	0.4	0.4	53/69	48.8	16.0	7.10	12.3	YES	NA
6	0.4	0.9	53/69	83.3	17.0	6.90	10.7	YES	24
7	0.3	1	53/69	84.9	18.0	7.10	10.7	YES	NA
8	0.2	0.8	53/69	65.8	16.0	7.10	12.1	YES	21
9	0.1	0.8	53/69	60.5	17.0	7.10	11.1	YES	19
10	0.1	0.8	53/69	60.5	17.0	7.10	11.1	YES	NA
11	0.1	0.8	53/69	60.5	15.0	7.10	12.8	YES	NA
12	0.1	0.5	53/69	39.8	17.0	7.10	11.1	YES	NA
13	0.2	0.6	53/69	52.0	16.0	7.00	11.6	YES	NA
14	0.2	0.6	53/69	52.0	17.0	7.10	11.3	YES	NA
15	0.2	0.8	53/69	65.8	17.0	7.10	11.3	YES	NA
16	0.2	0.8	53/69	65.8	17.0	7.10	11.3	YES	NA
17	0.3	0.8	53/69	71.1	17.0	7.20	11.8	YES	22
18	0.1	0.8	53/69	60.5	17.0	7.00	10.7	YES	NA
19	0.1	0.7	53/69	53.6	16.0	7.00	11.5	YES	NA
20	0.1	0.7	53/69	53.6	15.0	7.00	12.3	YES	NA
21	0.1	0.6	53/69	46.7	14.0	7.20	14.2	YES	NA
22	0.1	0.7	53/69	53.6	14.0	7.10	13.6	YES	20
23	0.2	0.6	53/69	52.0	14.0	7.20	14.3	YES	21
24	0.1	0.5	53/69	39.8	14.0	7.00	13.1	YES	30
25	0.1	0.8	53/69	60.5	15.0	7.10	12.8	YES	25
26	0.1	0.7	53/69	53.6	14.0	7.10	13.6	YES	34
27	0.1	0.8	53/69	60.5	15.0	7.10	12.8	YES	NA
28	0.1	0.9	53/69	67.4	14.0	7.10	13.6	YES	23
29	0.2	1.1	53/69	86.5	11.0	7.30	18.4	YES	NA
30	0.3	0.9	53/69	78.0	15.0	7.30	14.1	YES	17
31			53/69	0.0				NO	

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