

OHA - Drinking Water Services - Surface Water Quality Data Form

County: Grant

Month/Year: Dec-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	0.10	0.10
2	0.00	0.00	0.00	25	0.13	0.13
3	12.00	11.00	1.00	25	0.34	0.34
4	0.00	0.00	0.00	25	0.16	0.16
5	0.00	0.00	0.00	25	0.12	0.12
6	12.00	11.00	1.00	25	0.11	0.11
7	0.00	0.00	0.00	25	0.13	0.13
8	16.00	12.00	4.00	25	0.13	0.13
9	0.00	0.00	0.00	25	0.10	0.10
10	16.00	12.00	4.00	25	0.13	0.13
11	16.00	12.00	4.00	25	0.12	0.12
12	0.00	0.00	0.00	25	0.11	0.11
13	18.00	12.00	6.00	25	0.10	0.10
14	0.00	0.00	0.00	25	0.14	0.14
15	20.00	18.00	2.00	25	0.15	0.15
16	0.00	0.00	0.00	25	0.10	0.10
17	20.00	14.00	6.00	25	0.18	0.18
18	22.00	12.00	10.00	25	0.10	0.10
19	0.00	0.00	0.00	25	0.12	0.12
20	8.00	6.00	2.00	25	0.08	0.08
21	0.00	0.00	0.00	25	0.10	0.10
22	0.00	0.00	0.00	25	0.10	0.10
23	8.00	6.00	2.00	25	0.13	0.13
24	0.00	0.00	0.00	25	0.11	0.11
25	8.00	6.00	2.00	25	0.10	0.10
26	0.00	0.00	0.00	25	0.10	0.10
27	0.00	0.00	0.00	25	0.12	0.12
28	8.00	6.00	2.00	25	0.12	0.12
29	0.00	0.00	0.00	25	0.16	0.16
30	8.00	6.00	2.00	25	0.15	0.15
31	0.00	0.00	0.00	25	0.12	0.12

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: *Pat Cooper*

SIGNATURE: *Pat Cooper*

DATE: *1-3-24*

PHONE #: *(505) 468-2431*

CERT #: *2904*

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

Dec-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	53/69	79.6	13.0	7.30	17.4	YES	NA
2	0.2	0.8	53/69	65.8	15.0	7.20	13.4	YES	23
3	0.1	0.4	53/69	32.9	15.0	7.30	13.7	YES	NA
4	0.1	0.5	53/69	39.8	14.0	7.00	13.1	YES	NA
5	0.1	0.4	53/69	32.9	15.0	7.10	12.8	YES	NA
6	0.2	0.3	53/69	31.3	15.0	7.10	12.9	YES	NA
7	0.2	0.7	53/69	58.9	15.0	7.10	12.9	YES	NA
8	0.2	0.9	53/69	72.7	14.0	7.20	14.3	YES	15
9	0.2	1	53/69	79.6	13.0	7.20	15.3	YES	NA
10	0.2	0.8	53/69	65.8	14.0	7.10	13.8	YES	17
11	0.2	0.8	53/69	65.8	14.0	7.00	13.3	YES	NA
12	0.1	1	53/69	74.3	13.0	7.10	14.6	YES	21
13	0.1	0.7	53/69	53.6	12.0	7.10	15.9	YES	20
14	0.1	0.7	53/69	53.6	13.0	7.10	14.6	YES	NA
15	0.1	0.6	53/69	46.7	0.9	7.30	35.6	YES	19
16	0.1	1.1	53/69	81.2	10.0	7.20	18.7	YES	21
17	0.1	0.8	53/69	60.5	13.0	7.10	14.6	YES	NA
18	0.1	1	53/69	74.3	11.0	7.00	16.4	YES	17
19	0.2	1.3	53/69	100.3	11.0	7.10	17.1	YES	NA
20	0.2	0.9	53/69	72.7	11.0	7.10	17.1	YES	NA
21	0.1	0.3	53/69	26.0	13.0	7.20	15.1	YES	19
22	0.1	0.5	53/69	39.8	11.0	7.00	16.4	YES	NA
23	0.1	0.5	53/69	39.8	11.0	7.00	16.4	YES	NA
24	0.1	0.5	53/69	39.8	12.0	7.20	16.5	YES	NA
25	0.1	0.5	53/69	39.8	10.0	7.20	18.7	YES	NA
26	0.1	0.7	53/69	53.6	11.0	7.20	17.5	YES	NA
27	0.1	0.4	53/69	32.9	10.0	7.10	18.1	YES	NA
28	0.1	0.4	53/69	32.9	12.0	7.10	15.9	YES	NA
29	0.2	0.5	53/69	45.1	11.0	7.10	17.1	YES	19
30	0.2	0.5	53/69	45.1	12.0	7.10	16.1	YES	21
31	0.2	0.5	53/69	45.1	13.0	7.10	14.7	YES	0

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