

OHA - Drinking Water Services - Surface Water Quality Data Form

County: **Grant**
 Month/Year: **Jan-24**

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	0.15	0.15
2	8.00	6.00	2.00	25	0.14	0.14
3	0.00	0.00	0.00	25	0.12	0.12
4	8.00	6.00	2.00	25	0.17	0.17
5	0.00	0.00	0.00	25	0.12	0.12
6	8.00	6.00	2.00	25	0.13	0.13
7	0.00	0.00	0.00	25	0.14	0.14
8	8.00	6.00	2.00	25	0.14	0.14
9	0.00	0.00	0.00	25	0.12	0.12
10	8.00	6.00	2.00	25	0.22	0.22
11	0.00	0.00	0.00	25	0.14	0.14
12	8.00	6.00	2.00	25	0.16	0.16
13	0.00	0.00	0.00	25	0.18	0.18
14	0.00	0.00	0.00	25	0.07	0.07
15	0.00	0.00	0.00	25	0.18	0.18
16	0.00	0.00	0.00	25	0.16	0.16
17	0.00	0.00	0.00	25	0.12	0.12
18	8.00	8.00	0.00	25	0.15	0.15
19	0.00	0.00	0.00	25	0.25	0.25
20	9.00	9.00	0.00	25	0.16	0.16
21	0.00	0.00	0.00	25	0.14	0.14
22	9.00	9.00	0.00	25	0.16	0.16
23	0.00	0.00	0.00	25	0.14	0.14
24	0.00	0.00	0.00	25	0.27	0.27
25	0.00	0.00	0.00	25	0.66	0.66
26	10.00	8.00	2.00	25	0.81	0.81
27	0.00	0.00	0.00	25	0.86	0.86
28	11.00	9.00	2.00	25	0.86	0.86
29	0.00	0.00	0.00	25	0.83	0.83
30	0.00	0.00	0.00	25	0.83	0.83
31	0.00	0.00	0.00	25	1.06	1.06

Cartridge & Bag Filtration 95% of daily turbidity readings \leq 1 NTU? <input checked="" type="radio"/> Yes / No All daily turbidity readings \leq 5 NTU? <input checked="" type="radio"/> Yes / No		Monthly Summary (Answer Yes or No) CT's met everyday? (see back) <input checked="" type="radio"/> Yes / No All Cl2 residual at entry point \geq 0.2 mg/l? <input checked="" type="radio"/> 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 Crookwin</i> SIGNATURE: <i>[Signature]</i> DATE: <i>2-5-24</i> PHONE #: <i>(741) 400-2437</i> CERT #: <i>270475</i>	

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/Year

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	0.6	53/69	52.0	12.0	6.90	15.7	YES	NA
2	0.3	0.6	53/69	57.3	11.0	7.20	17.9	YES	NA
3	0.3	0.9	53/69	78.0	11.0	7.20	17.9	YES	NA
4	0.3	0.8	53/69	71.1	11.0	7.20	17.9	YES	35
5	0.3	0.8	53/69	71.1	11.0	7.20	17.9	YES	NA
6	0.2	1.1	53/69	86.5	12.0	7.10	16.1	YES	20
7	0.2	0.6	53/69	52.0	12.0	7.00	15.6	YES	0
8	0.2	0.7	53/69	58.9	10.0	7.00	17.7	YES	18
9	0.2	0.9	53/69	72.7	11.0	7.10	17.1	YES	17
10	0.2	0.8	53/69	65.8	12.0	7.10	16.1	YES	18
11	0.2	0.8	53/69	65.8	12.0	7.10	16.1	YES	23
12	0.2	0.9	53/69	72.7	11.0	7.20	17.7	YES	27
13	0.2	1.1	53/69	86.5	9.0	7.10	19.5	YES	18
14	0.2	0.4	53/69	38.2	11.0	7.60	20.4	YES	17
15	0.2	1.2	53/69	93.4	9.0	7.10	19.5	YES	40
16	0.2	1	53/69	79.6	9.0	7.10	19.5	YES	NA
17	0.2	0.8	53/69	65.8	11.0	7.40	19.0	YES	NA
18	0.2	0.8	53/69	65.8	11.0	7.20	17.7	YES	NA
19	0.2	0.7	53/69	58.9	11.0	7.00	16.6	YES	NA
20	0.2	0.8	53/69	65.8	11.0	7.10	17.1	YES	NA
21	0.2	0.6	53/69	52.0	11.0	7.00	16.6	YES	NA
22	0.2	1	53/69	79.6	12.0	7.10	16.1	YES	21
23	0.2	1.2	53/69	93.4	12.0	7.20	16.6	YES	NA
24	0.2	1	53/69	79.6	12.0	7.20	16.6	YES	47
25	0.2	0.6	53/69	52.0	10.0	6.90	17.1	YES	NA
26	0.2	0.8	53/69	65.8	12.0	6.90	15.0	YES	NA
27	0.2	0.5	53/69	45.1	13.0	6.90	13.7	YES	NA
28	0.2	0.5	53/69	45.1	13.0	6.90	13.7	YES	16
29	0.2	0.6	53/69	52.0	13.0	6.90	13.7	YES	NA
30	0.2	0.6	53/69	52.0	13.0	7.00	14.2	YES	NA
31	0.2	0.2	53/69	24.4	13.0	6.90	13.7	YES	24

² If Cl₂ at entry point < 0.2 mg/l or CT not met, notify D 0

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