

OHA - Drinking Water Services - Surface Water Quality Data Form

County: Grant
Month/Year: Mar-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	11.00	10.00	0.00	25	0.26	0.26
2	0.00	0.00	0.00	25	0.26	0.26
3	0.00	0.00	0.00	25	0.25	0.25
4	12.00	11.00	1.00	25	0.18	0.18
5	0.00	0.00	0.00	25	0.17	0.17
6	12.00	11.00	1.00	25	0.18	0.18
7	0.00	0.00	0.00	25	0.22	0.22
8	0.00	0.00	0.00	25	0.14	0.14
9	12.00	11.00	1.00	25	0.14	0.14
10	0.00	0.00	0.00	25	0.21	0.21
11	0.00	0.00	0.00	25	0.31	0.31
12	12.00	11.00	1.00	25	0.14	0.14
13	0.00	0.00	0.00	25	0.20	0.20
14	12.00	10.00	2.00	25	0.19	0.19
15	0.00	0.00	0.00	25	0.17	0.17
16	0.00	0.00	0.00	25	0.17	0.17
17	12.00	10.00	2.00	25	0.13	0.13
18	0.00	0.00	0.00	25	0.16	0.16
19	0.00	0.00	0.00	25	0.13	0.13
20	14.00	10.00	4.00	25	0.19	0.19
21	0.00	0.00	0.00	25	0.23	0.23
22	14.00	10.00	4.00	25	0.25	0.25
23	0.00	0.00	0.00	25	0.14	0.14
24	12.00	10.00	2.00	25	0.20	0.20
25	14.00	10.00	4.00	25	0.18	0.18
26	0.00	0.00	0.00	25	0.16	0.16
27	0.00	0.00	0.00	25	0.17	0.17
28	15.00	10.00	5.00	25	0.21	0.21
29	0.00	0.00	0.00	25	0.21	0.21
30	0.00	0.00	0.00	25	0.19	0.19
31	15.00	10.00	5.00	25	0.26	0.26

Cartridge & Bag Filtration 95% of daily turbidity readings ≤ 1 NTU? <input checked="" type="radio"/> Yes / <input type="radio"/> No All daily turbidity readings ≤ 5 NTU? <input checked="" type="radio"/> Yes / <input type="radio"/> No		Monthly Summary (Answer Yes or No) CT's met everyday? (see back) <input checked="" type="radio"/> Yes / <input type="radio"/> No All Cl2 residual at entry point ≥ 0.2 mg/l? <input checked="" type="radio"/> Yes / <input type="radio"/> 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: <u>DAT GOLMANN</u> SIGNATURE: <u>[Signature]</u> DATE: <u>4-1-24</u> PHONE #: <u>501 408-7037</u> CERT # <u>04087</u>	

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.

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System Name: Monument, City of ID#: 41 00541 Month/Ye Mar-24 WTP- : A
 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	0.8	53/69	65.8	12.0	7.00	16.6	YES	NA
2	0.2	0.8	53/69	65.8	12.0	7.20	16.6	YES	NA
3	0.2	0.4	53/69	38.2	12.0	7.20	16.6	YES	NA
4	0.2	0.8	53/69	65.8	11.0	7.00	16.6	YES	21
5	0.1	0.7	53/69	53.6	12.0	7.10	15.9	YES	19
6	0.1	0.5	53/69	39.8	12.0	7.10	15.9	YES	23
7	0.2	0.6	53/69	52.0	12.0	7.10	16.1	YES	19
8	0.2	0.9	53/69	72.7	11.0	7.30	18.4	YES	NA
9	0.3	1	53/69	84.9	11.0	7.20	17.9	YES	25
10	0.2	0.7	53/69	58.9	13.0	7.10	14.7	YES	NA
11	0.2	0.7	53/69	58.9	12.0	7.00	15.6	YES	NA
12	0.2	0.6	53/69	52.0	13.0	7.20	15.3	YES	19
13	0.2	0.6	53/69	52.0	12.0	7.20	16.6	YES	16
14	0.2	0.5	53/69	45.1	13.0	7.10	14.7	YES	19
15	0.2	0.5	53/69	45.1	13.0	7.10	14.7	YES	20
16	0.2	0.7	53/69	58.9	13.0	7.20	15.3	YES	NA
17	0.2	0.7	53/69	58.9	13.0	7.00	14.2	YES	NA
18	0.2	0.7	53/69	58.9	12.0	7.00	15.6	YES	NA
19	0.2	0.8	53/69	65.8	13.0	7.20	15.3	YES	19
20	0.3	0.37	53/69	41.4	14.0	7.20	14.5	YES	24
21	0.3	0.5	53/69	50.4	14.0	7.20	14.5	YES	17
22	0.3	0.7	53/69	64.2	14.0	7.20	14.5	YES	24
23	0.3	0.7	53/69	64.2	14.0	7.20	14.5	YES	NA
24	0.2	0.7	53/69	58.9	14.0	7.10	13.8	YES	NA
25	0.2	1	53/69	79.6	14.0	7.10	13.8	YES	19
26	0.2	0.7	53/69	58.9	14.0	7.10	13.8	YES	NA
27	0.2	0.6	53/69	52.0	14.0	7.10	13.8	YES	18
28	0.2	0.4	53/69	38.2	14.0	7.30	14.9	YES	NA
29	0.2	0.4	53/69	38.2	13.0	7.20	15.3	YES	NA
30	0.2	0.4	53/69	38.2	13.0	7.20	15.3	YES	NA
31	0.1	0.3	53/69	26.0	14.0	7.00	13.1	YES	NA

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