

OHA - Drinking Water Services - Surface Water Quality Data Form

County: Grant
Month/Year: Apr-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	18.00	10.00	8.00	25	0.15	0.15
2	0.00	0.00	0.00	25	0.17	0.17
3	18.00	10.00	8.00	25	0.17	0.17
4	18.00	10.00	10.00	25	0.18	0.18
5	18.00	10.00	8.00	25	0.16	0.16
6	20.00	10.00	10.00	25	0.16	0.16
7	0.00	0.00	0.00	25	0.22	0.22
8	0.00	0.00	0.00	25	0.26	0.26
9	20.00	10.00	10.00	25	0.24	0.24
10	0.00	0.00	0.00	25	0.26	0.26
11	0.00	0.00	0.00	25	0.14	0.14
12	0.00	0.00	0.00	25	0.15	0.15
13	26.00	10.00	16.00	25	0.19	0.19
14	26.00	10.00	8.00	25	0.17	0.17
15	0.00	0.00	0.00	25	0.20	0.20
16	28.00	10.00	18.00	25	0.25	0.25
17	30.00	10.00	20.00	25	0.26	0.26
18	30.00	10.00	20.00	25	0.22	0.22
19	0.00	0.00	0.00	25	0.28	0.28
20	0.00	0.00	0.00	25	0.22	0.22
21	38.00	10.00	28.00	25	0.18	0.18
22	0.00	0.00	0.00	25	0.17	0.17
23	0.00	0.00	0.00	25	0.25	0.25
24	44.00	10.00	34.00	25	0.26	0.26
25	0.00	0.00	0.00	25	0.20	0.20
26	0.00	0.00	0.00	25	0.43	0.43
27	0.00	0.00	0.00	25	0.31	0.31
28	8.00	8.00	0.00	25	0.22	0.22
29	0.00	0.00	0.00	25	0.25	0.25
30	0.00	0.00	0.00	25	0.28	0.28
31				25		

Cartridge & Bag Filtration		Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings ≤ 1 NTU?	<input checked="" type="radio"/> Yes <input type="radio"/> No	CT's met everyday? (see back)	All Cl2 residual at entry point ≥ 0.2 mg/l?
All daily turbidity readings ≤ 5 NTU?	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<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: PAT GOEWING
 SIGNATURE: [Signature] DATE: 4-2-24
 PHONE #: (505) 408-2437 CERT #: 09045

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

Apr-24

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	0.1	0.4	53/69	32.9	12.0	7.20	17.0	YES	NA
2	0.2	0.6	53/69	52.0	14.0	7.10	13.8	YES	NA
3	0.2	0.8	53/69	65.8	14.0	7.20	14.3	YES	16
4	0.2	0.6	53/69	52.0	14.0	7.20	14.3	YES	NA
5	0.2	0.6	53/69	52.0	13.0	7.20	15.3	YES	21
6	0.1	0.5	53/69	39.8	14.0	7.70	17.0	YES	NA
7	0.2	0.4	53/69	38.2	14.0	7.00	13.3	YES	NA
8	0.2	0.7	53/69	58.9	14.0	7.00	13.3	YES	23
9	0.2	0.4	53/69	38.2	15.0	7.10	12.9	YES	NA
10	0.2	0.8	53/69	65.8	14.0	7.10	13.8	YES	NA
11	0.2	0.9	53/69	72.7	14.0	7.20	14.3	YES	NA
12	0.2	0.9	53/69	72.7	15.0	7.20	13.4	YES	33
13	0.2	1	53/69	79.6	15.0	7.20	13.4	YES	NA
14	0.2	0.5	53/69	45.1	15.0	7.10	12.9	YES	NA
15	0.2	0.5	53/69	45.1	15.0	7.20	13.4	YES	18
16	0.2	0.8	53/69	65.8	14.0	7.20	14.3	YES	NA
17	0.2	0.6	53/69	52.0	14.0	7.20	14.3	YES	27
18	0.2	0.5	53/69	45.1	15.0	7.20	13.4	YES	54
19	0.2	0.7	53/69	58.9	15.0	7.10	12.9	YES	22
20	0.2	0.8	53/69	65.8	15.0	7.20	13.4	YES	NA
21	0.1	0.5	53/69	39.8	15.0	7.10	12.8	YES	NA
22	0.1	0.5	53/69	39.8	14.0	7.00	13.1	YES	21
23	0.2	1	53/69	79.6	15.0	7.00	12.4	YES	18
24	0.2	0.9	53/69	72.7	16.0	7.00	11.6	YES	NA
25	0.2	0.8	53/69	65.8	15.0	7.00	12.4	YES	NA
26	0.1	0.4	53/69	32.9	16.0	7.00	11.5	YES	NA
27	0.2	0.9	53/69	72.7	16.0	7.10	12.1	YES	22
28	0.1	0.4	53/69	32.9	16.0	7.10	11.9	YES	NA
29	0.1	0.3	53/69	26.0	16.0	7.00	11.5	YES	17
30	0.2	0.7	53/69	58.9	15.0	7.20	13.4	YES	19
31			53/69	0.0				NO	

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