

# OHA - Drinking Water Services - Surface Water Quality Data Form

County:

Grant

Cartridge or Bag Filtration

Month/Year:

May-24

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 <sup>1</sup> [NTU]
1	0.00	0.00	0.00	25	0.28	0.28
2	0.00	0.00	0.00	25	0.25	0.25
3	8.00	8.00	0.00	25	0.33	0.33
4	0.00	0.00	0.00	25	0.22	0.22
5	9.00	9.00	0.00	25	0.21	0.21
6	0.00	0.00	0.00	25	0.24	0.24
7	9.00	9.00	0.00	25	0.21	0.21
8	0.00	0.00	0.00	25	0.31	0.31
9	0.00	0.00	0.00	25	0.34	0.34
10	0.00	0.00	0.00	25	0.27	0.27
11	9.00	9.00	0.00	25	0.25	0.25
12	9.00	9.00	0.00	25	0.29	0.29
13	9.00	9.00	0.00	25	0.30	0.30
14	0.00	0.00	0.00	25	0.31	0.31
15	0.00	0.00	0.00	25	0.39	0.39
16	10.00	9.00	1.00	25	0.38	0.38
17	10.00	9.00	1.00	25	0.41	0.41
18	0.00	0.00	0.00	25	0.40	0.40
19	10.00	9.00	1.00	25	0.48	0.48
20	0.00	0.00	0.00	25	0.42	0.42
21	12.00	10.00	2.00	25	0.55	0.55
22	0.00	0.00	0.00	25	0.49	0.49
23	10.00	10.00	0.00	25	0.35	0.35
24	0.00	0.00	0.00	25	0.41	0.41
25	10.00	10.00	0.00	25	0.40	0.40
26	0.00	0.00	0.00	25	0.30	0.30
27	10.00	10.00	0.00	25	0.37	0.37
28	0.00	0.00	0.00	25	0.36	0.36
29	0.00	0.00	0.00	25	0.34	0.34
30	10.00	10.00	0.00	25	0.41	0.41
31	10.00	10.00	0.00	25	0.42	0.42

## 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 Cl<sub>2</sub> 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 GACKERMAN

SIGNATURE: Pat Gackerman

DATE: 6/5/24

PHONE #: 711-408-2437

CERT #: 09043

<sup>1</sup> 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 May-24

Disinfection  
Giardia Log  
Inactiv:

0.5

$$CT_{actual} = C_{well}(53 \text{ min.}) + C_{reservoir}(69 \text{ min.})$$

Date	Cl <sub>2</sub> Residual before filters (C <sub>well</sub> )	Cl <sub>2</sub> Residual at res. outlet (C <sub>reservoir</sub> ) <sup>2</sup>	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? <sup>2</sup>	Peak Hourly Demand Flow
	[ppm or mg/L]	[ppm or mg/L]	[minutes]	formula	[° C]		formula	Yes / No	[GPM]
1	0.3	0.9	53/69	78.0	15.0	7.10	14.0	YES	NA
2	0.2	0.8	53/69	65.8	15.0	7.10	12.9	YES	19
3	0.2	0.6	53/69	52.0	15.0	7.00	12.4	YES	26
4	0.2	0.5	53/69	45.1	15.0	7.10	12.9	YES	NA
5	0.1	0.3	53/69	26.0	15.0	7.10	12.8	YES	NA
6	0.1	0.3	53/69	26.0	14.0	7.00	13.1	YES	18
7	0.2	0.6	53/69	52.0	15.0	7.20	13.4	YES	21
8	0.2	0.6	53/69	52.0	15.0	7.10	12.9	YES	41
9	0.2	0.7	53/69	58.9	15.0	7.20	13.4	YES	24
10	0.2	0.6	53/69	52.0	16.0	7.10	12.1	YES	27.5
11	0.2	0.4	53/69	38.2	16.0	7.00	11.6	YES	19
12	0.2	0.2	53/69	24.4	16.0	7.00	11.6	YES	NA
13	0.3	1.3	53/69	105.6	16.0	7.00	11.8	YES	24
14	0.2	0.6	53/69	52.0	16.0	7.00	11.6	YES	25
15	0.1	0.4	53/69	32.9	16.0	7.00	11.5	YES	22
16	0.1	1.2	53/69	88.1	17.0	6.90	10.3	YES	29
17	0.2	1.7	53/69	127.9	17.0	6.90	10.5	YES	25
18	0.2	0.9	53/69	72.7	16.0	6.90	11.2	YES	26
19	0.2	0.8	53/69	65.8	16.0	6.80	10.8	YES	30
20	0.2	0.7	53/69	58.9	16.0	6.90	11.2	YES	39
21	0.1	1.4	53/69	101.9	16.0	6.90	11.1	YES	26
22	0.1	0.9	53/69	67.4	16.0	6.90	11.1	YES	61
23	0.2	1.2	53/69	93.4	16.0	6.80	10.8	YES	0
24	0.2	0.7	53/69	58.9	16.0	6.90	11.2	YES	32
25	0.2	0.7	53/69	58.9	16.0	7.00	11.6	YES	21
26	0.2	1.1	53/69	86.5	16.0	6.90	11.2	YES	0
27	0.2	1.4	53/69	107.2	16.0	7.10	12.1	YES	24
28	0.1	0.6	53/69	46.7	17.0	7.00	10.7	YES	27
29	0.1	0.5	53/69	39.8	17.0	6.90	10.3	YES	NA
30	0.1	0.5	53/69	39.8	17.0	6.90	10.3	YES	17
31	0.2	1.4	53/69	107.2	15.0	6.90	12.0	YES	36

<sup>2</sup> If Cl<sub>2</sub> 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.dnce@state.or.us; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350