

OHA - Drinking Water Services - Surface Water Quality Data Form

County: Grant  
Month/Year: Jun-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 <sup>1</sup> [NTU]
1	0.00	0.00	0.00	25	0.44	0.44
2	0.00	0.00	0.00	25	0.37	0.37
3	12.00	10.00	2.00	25	0.34	0.34
4	0.00	0.00	0.00	25	0.34	0.34
5	12.00	11.00	1.00	25	0.36	0.36
6	0.00	0.00	0.00	25	0.40	0.40
7	12.00	10.00	2.00	25	0.43	0.43
8	0.00	0.00	0.00	25	0.47	0.47
9	12.00	10.00	2.00	25	0.56	0.56
10	0.00	0.00	0.00	25	0.50	0.50
11	20.00	10.00	10.00	25	0.45	0.45
12	16.00	10.00	6.00	25	0.41	0.41
13	16.00	10.00	6.00	25	0.51	0.51
14	0.00	0.00	0.00	25	0.53	0.53
15	16.00	10.00	6.00	25	0.41	0.41
16	22.00	10.00	12.00	25	0.36	0.36
17	24.00	10.00	14.00	25	0.32	0.32
18	0.00	0.00	0.00	25	0.28	0.28
19	22.00	10.00	12.00	25	0.30	0.30
20	0.00	0.00	0.00	25	0.32	0.32
21	22.00	10.00	12.00	25	0.36	0.36
22	0.00	0.00	0.00	25	0.38	0.38
23	0.00	0.00	0.00	25	0.40	0.40
24	26.00	10.00	16.00	25	0.45	0.45
25	26.00	10.00	16.00	25	0.31	0.31
26	26.00	10.00	16.00	25	0.43	0.43
27	8.00	6.00	2.00	25	0.32	0.32
28	8.00	6.00	2.00	25	0.26	0.26
29	0.00	0.00	0.00	25	0.26	0.26
30	0.00	0.00	0.00	25	0.21	0.21
31				25		

<b>Cartridge &amp; Bag Filtration</b>		<b>Monthly Summary (Answer Yes or No)</b>	
95% of daily turbidity readings ≤ 1 NTU?	Yes / No	CT's met everyday? (see back)	All Cl2 residual at entry point ≥ 0.2 mg/l?
All daily turbidity readings ≤ 5 NTU?	Yes / No	Yes / No	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.

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.

PRINTED NAME: <i>Vin Goehris</i>	DATE: <i>7-2-24</i>
SIGNATURE: <i>[Signature]</i>	CERT #: <i>09043</i>
PHONE #: <i>(711) 4082437</i>	

OHA - Drinking Water Services - Surface Water Quality Data Form

System Name: **Monument, City of** ID#: **41 00541** Month/Ye **Jun-24** WTP--: **A**  
 Disinfection **Giardia Log** **0.5**  
 Inactiv:

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

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	0.1	1.1	53/69	81.2	15.0	7.00	13.8	YES	22
2	0.1	0.5	53/69	39.8	16.0	6.90	11.1	YES	30
3	0.1	0.7	53/69	53.6	16.0	6.90	11.1	YES	20
4	0.1	0.4	53/69	32.9	15.0	6.90	11.8	YES	40
5	0.2	1.8	53/69	134.8	15.0	6.90	12.0	YES	22
6	0.1	1	53/69	74.3	16.0	7.00	11.5	YES	24
7	0.2	1	53/69	79.6	16.0	7.00	11.6	YES	28
8	0.1	1.9	53/69	136.4	18.0	6.90	9.7	YES	NA
9	0.1	1.6	53/69	115.7	19.0	6.90	9.0	YES	24
10	0.1	0.8	53/69	60.5	16.0	6.90	11.1	YES	20
11	0.1	0.5	53/69	39.8	17.0	6.90	10.3	YES	28
12	0.1	0.2	53/69	19.1	17.0	6.90	10.3	YES	32
13	0.2	1.5	53/69	114.1	16.0	6.90	11.2	YES	28
14	0.2	0.7	53/69	58.9	17.0	6.80	10.1	YES	25
15	0.2	0.9	53/69	72.7	16.0	6.90	11.2	YES	28
16	0.2	1.3	53/69	100.3	17.0	6.90	10.5	YES	22
17	0.2	0.9	53/69	72.7	15.0	7.00	12.4	YES	25
18	0.1	0.5	53/69	39.8	15.0	6.90	11.8	YES	22
19	0.2	1.2	53/69	93.4	16.0	6.90	11.2	YES	28
20	0.2	0.8	53/69	65.8	16.0	7.00	11.6	YES	28
21	0.2	0.7	53/69	58.9	18.0	6.80	9.4	YES	35
22	0.1	0.4	53/69	32.9	18.0	7.10	10.4	YES	38
23	0.1	0.4	53/69	32.9	18.0	7.00	10.0	YES	NA
24	0.1	0.4	53/69	32.9	18.0	6.80	9.3	YES	28
25	0.1	0.5	53/69	39.8	17.0	7.10	11.1	YES	41
26	0.1	0.3	53/69	26.0	17.0	6.90	10.3	YES	29
27	0.3	0.4	53/69	43.5	17.0	6.90	10.6	YES	31
28	0.3	0.4	53/69	43.5	17.0	6.80	10.2	YES	40
29	0.2	0.3	53/69	31.3	17.0	7.00	10.9	YES	19
30	0.2	0.8	53/69	65.8	18.0	6.70	9.1	YES	NA
31			53/69	0.0				NO	

<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  
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