

OHA - Drinking Water Services - Surface Water Quality Data Form

County: **Grant**
 Month/Year: **Jul-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	8.00	6.00	2.00	25	0.23	0.23
2	0.00	0.00	0.00	25	0.24	0.24
3	8.00	8.00	0.00	25	0.24	0.24
4	0.00	0.00	0.00	25	0.21	0.21
5	8.00	6.00	2.00	25	0.40	0.40
6	0.00	0.00	0.00	25	0.20	0.20
7	0.00	0.00	2.00	25	0.35	0.35
8	8.00	8.00	0.00	25	0.31	0.31
9	8.00	8.00	0.00	25	0.41	0.41
10	0.00	0.00	0.00	25	0.23	0.23
11	8.00	8.00	0.00	25	0.34	0.34
12	0.00	0.00	0.00	25	0.27	0.27
13	0.00	0.00	0.00	25	0.25	0.25
14	0.00	0.00	0.00	25	0.16	0.16
15	0.00	0.00	0.00	25	0.20	0.20
16	10.00	10.00	0.00	25	0.22	0.22
17	0.00	0.00	14.00	25	0.39	0.39
18	10.00	10.00	0.00	25	0.19	0.19
19	12.00	10.00	2.00	25	0.24	0.24
20	12.00	10.00	2.00	25	0.24	0.24
21	12.00	10.00	2.00	25	0.22	0.22
22	16.00	10.00	6.00	25	0.23	0.23
23	12.00	10.00	2.00	25	0.24	0.24
24	12.00	10.00	2.00	25	0.20	0.20
25	14.00	10.00	4.00	25	0.16	0.16
26	0.00	0.00	0.00	25	0.22	0.22
27	0.00	0.00	0.00	25	0.18	0.18
28	20.00	10.00	10.00	25	0.16	0.16
29	20.00	10.00	10.00	25	0.37	0.37
30	22.00	10.00	12.00	25	0.36	0.36
31	22.00	10.00	12.00	25	0.37	0.37

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 Cl2 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 Goehring**
 SIGNATURE: *[Signature]* DATE: **8-8-24**
 PHONE #: **501-406-2457** CERT # **09043**

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

System Name: Monument, City of ID#: 41 00541 Month/Ye Jul-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}) [ppm or mg/L]	Cl ₂ Residual at res. outlet (C _{reservoir}) ² [ppm or mg/L]	Contact Time (T) [minutes]	Actual CT formula	Temp [° C]	pH	Required CT formula	CT Met? ² Yes / No	Peak Hourly Demand Flow [GPM]
1	0.3	0.9	53/69	78.0	17.0	6.80	10.9	YES	35
2	0.2	0.6	53/69	52.0	17.0	6.80	10.1	YES	30
3	0.2	0.4	53/69	38.2	18.0	7.00	10.2	YES	NA
4	0.2	1.3	53/69	100.3	19.0	6.80	8.8	YES	18
5	0.3	1.6	53/69	126.3	19.0	6.90	9.2	YES	48
6	0.2	1	53/69	79.6	19.0	7.00	9.5	YES	41
7	0.1	0.3	53/69	26.0	19.0	6.70	8.4	YES	NA
8	0.2	1.2	53/69	93.4	19.0	6.90	9.1	YES	40
9	0.2	1.1	53/69	86.5	19.0	6.90	9.1	YES	41
10	0.2	0.6	53/69	52.0	19.0	6.90	9.1	YES	46
11	0.2	1.6	53/69	121.0	19.0	6.90	9.1	YES	30
12	0.2	1.4	53/69	107.2	19.0	6.90	9.1	YES	40
13	0.2	1.2	53/69	93.4	20.0	6.90	8.5	YES	32
14	0.1	0.7	53/69	53.6	20.0	6.80	8.1	YES	28
15	0.1	0.5	53/69	39.8	20.0	6.80	8.1	YES	39
16	0.1	1	53/69	74.3	18.0	6.90	9.7	YES	44
17	0.1	0.4	53/69	32.9	19.0	6.90	9.0	YES	16
18	0.1	0.5	53/69	39.8	19.0	6.90	9.0	YES	57
19	0.1	0.4	53/69	32.9	18.0	6.80	9.3	YES	22
20	0.1	0.9	53/69	67.4	19.0	6.90	9.0	YES	25
21	0.2	0.8	53/69	65.8	19.0	7.00	9.5	YES	40
22	0.1	1.2	53/69	88.1	18.0	6.90	9.7	YES	24
23	0.1	0.7	53/69	53.6	18.0	6.90	9.7	YES	23
24	0.1	0.8	53/69	60.5	18.0	7.00	10.0	YES	24
25	0.1	0.7	53/69	53.6	17.0	7.00	10.7	YES	82
26	0.1	0.9	53/69	67.4	17.0	6.90	10.3	YES	80
27	0.1	0.7	53/69	53.6	17.0	6.90	10.3	YES	30
28	0.1	0.9	53/69	67.4	18.0	6.90	9.7	YES	31
29	0.1	1	53/69	74.3	18.0	6.90	9.7	YES	28
30	0.1	0.6	53/69	46.7	18.0	6.90	9.7	YES	24
31	0.2	0.7	53/69	58.9	18.0	6.90	9.8	YES	21

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
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