

OHA - Drinking Water Services - Surface Water Quality Data Form

County: Grant

Month/Year: Aug-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	0.00	0.00	0.00	25	0.22	0.22
2	26.00	10.00	16.00	25	0.33	0.33
3	34.00	10.00	24.00	25	0.29	0.29
4	0.00	0.00	0.00	25	0.36	0.36
5	34.00	10.00	24.00	25	0.25	0.25
6	0.00	0.00	0.00	25	0.20	0.20
7	34.00	10.00	24.00	25	0.16	0.16
8	0.00	0.00	0.00	25	0.36	0.36
9	0.00	0.00	0.00	25	0.17	0.17
10	0.00	0.00	0.00	25	0.20	0.20
11	0.00	0.00	0.00	25	0.35	0.35
12	0.00	0.00	0.00	25	0.20	0.20
13	26.00	10.00	16.00	25	0.16	0.16
14	0.00	0.00	0.00	25	0.15	0.15
15	0.00	0.00	0.00	25	0.39	0.39
16	20.00	10.00	10.00	25	0.26	0.26
17	20.00	10.00	10.00	25	0.23	0.23
18	0.00	0.00	0.00	25	0.20	0.20
19	28.00	10.00	18.00	25	0.35	0.35
20	28.00	10.00	18.00	25	0.18	0.18
21	32.00	10.00	22.00	25	0.23	0.23
22	32.00	10.00	22.00	25	0.25	0.25
23	0.00	0.00	0.00	25	0.24	0.24
24	0.00	0.00	0.00	25	0.24	0.24
25	0.00	0.00	0.00	25	0.16	0.16
26	36.00	12.00	24.00	25	0.32	0.32
27	36.00	12.00	24.00	25	0.16	0.16
28	36.00	12.00	24.00	25	0.21	0.21
29	36.00	12.00	24.00	25	0.18	0.18
30	0.00	0.00	0.00	25	0.22	0.22
31	0.00	0.00	0.00	25	0.18	0.18

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	
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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	DATE: 9-3-24
SIGNATURE: Pat Goehring	CERT #: 09047
PHONE #: 501 408 2437	

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/Ye Aug-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	0.2	0.8	53/69	65.8	19.0	6.90	9.8	YES	20
2	0.2	0.7	53/69	58.9	19.0	6.80	8.8	YES	30
3	0.2	1.6	53/69	121.0	19.0	6.80	8.8	YES	33
4	0.2	0.9	53/69	72.7	20.0	6.80	8.2	YES	NA
5	0.2	0.9	53/69	72.7	18.0	7.00	10.2	YES	25
6	0.2	1.1	53/69	86.5	19.0	6.90	9.1	YES	29
7	0.2	0.9	53/69	72.7	19.0	6.90	9.1	YES	21
8	0.1	0.6	53/69	46.7	19.0	6.70	8.4	YES	NA
9	0.1	1.3	53/69	95.0	20.0	6.70	7.8	YES	27
10	0.1	0.8	53/69	60.5	19.0	6.90	9.0	YES	32
11	0.1	0.8	53/69	60.5	22.0	6.70	6.8	YES	NA
12	0.1	0.5	53/69	39.8	19.0	6.80	8.7	YES	20
13	0.1	1.2	53/69	88.1	18.0	6.80	9.3	YES	24
14	0.1	0.8	53/69	60.5	18.0	6.90	9.7	YES	28
15	0.1	0.7	53/69	53.6	19.0	6.90	9.0	YES	23
16	0.1	0.6	53/69	46.7	18.0	7.00	10.0	YES	26
17	0.1	1.2	53/69	88.1	18.0	6.90	9.7	YES	26
18	0.1	1	53/69	74.3	20.0	6.80	8.1	YES	17
19	0.1	0.7	53/69	53.6	18.0	6.90	9.7	YES	25
20	0.3	1.7	53/69	133.2	18.0	6.90	9.9	YES	29
21	0.2	1.2	53/69	93.4	19.0	7.00	9.5	YES	24
22	0.2	0.6	53/69	52.0	18.0	6.90	9.8	YES	16
23	0.1	0.4	53/69	32.9	18.0	6.90	9.7	YES	19
24	0.2	0.8	53/69	65.8	17.0	6.90	10.5	YES	18
25	0.2	0.8	53/69	65.8	18.0	6.90	9.8	YES	18
26	0.1	0.6	53/69	46.7	17.0	6.80	10.0	YES	33
27	0.1	0.7	53/69	53.6	18.0	6.80	9.3	YES	37
28	0.2	1.3	53/69	100.3	17.0	7.00	10.9	YES	50
29	0.1	1.3	53/69	95.0	17.0	6.80	10.0	YES	18
30	0.1	0.7	53/69	53.6	18.0	6.90	9.7	YES	31
31	0.1	1.2	53/69	88.1	18.0	6.90	9.7	YES	38

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