

OHA - Drinking Water Services - Surface Water Quality Data Form

County: Grant
Month/Year: Oct-24

Cartridge or Bag Filtration

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	0.19	0.19
2	8.00	6.00	2.00	25	0.13	0.13
3	0.00	0.00	0.00	25	0.19	0.19
4	12.00	10.00	2.00	25	0.21	0.21
5	0.00	0.00	0.00	25	0.20	0.20
6	0.00	0.00	0.00	25	0.15	0.15
7	12.00	10.00	2.00	25	0.15	0.15
8	0.00	0.00	0.00	25	0.16	0.16
9	0.00	0.00	0.00	25	0.22	0.22
10	12.00	10.00	2.00	25	0.17	0.17
11	0.00	0.00	0.00	25	0.16	0.16
12	0.00	0.00	0.00	25	0.16	0.16
13	0.00	0.00	0.00	25	0.22	0.22
14	0.00	0.00	0.00	25	0.24	0.24
15	0.00	0.00	0.00	25	0.19	0.19
16	0.00	0.00	0.00	25	0.22	0.22
17	26.00	10.00	16.00	25	0.21	0.21
18	0.00	0.00	0.00	25	0.20	0.20
19	0.00	0.00	0.00	25	0.22	0.22
20	0.00	0.00	0.00	25	0.35	0.35
21	30.00	10.00	20.00	25	0.22	0.22
22	0.00	0.00	0.00	25	0.23	0.23
23	0.00	0.00	0.00	25	0.28	0.28
24	0.00	0.00	0.00	25	0.20	0.20
25	8.00	8.00	0.00	25	0.21	0.21
26	0.00	0.00	0.00	25	0.21	0.21
27	0.00	0.00	0.00	25	0.19	0.19
28	8.00	8.00	0.00	25	0.19	0.19
29	8.00	8.00	0.00	25	0.23	0.23
30	0.00	0.00	0.00	25	0.24	0.24
31	0.00	0.00	0.00	25	0.21	0.21

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) CTs 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	
--	--	--	--

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: <i>Pat Goehring</i>
SIGNATURE: <i>Pat Goehring</i>
DATE: <i>11-3-24</i>
PHONE #: <i>541 408 2457</i>
CERT #: <i>09043</i>

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

Oct-24

Disinfection
Giardia Log
Inactive:

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	0.7	53/69	53.6	16.0	6.90	11.9	YES	22
2	0.1	1.5	53/69	108.8	17.0	6.90	10.3	YES	21
3	0.1	1.2	53/69	88.1	17.0	6.80	10.0	YES	20
4	0.1	1	53/69	74.3	16.0	7.00	11.5	YES	37
5	0.1	0.9	53/69	67.4	16.0	6.80	10.7	YES	28
6	0.1	1.5	53/69	108.8	17.0	6.90	10.3	YES	27
7	0.1	1.1	53/69	81.2	16.0	6.90	11.1	YES	65
8	0.1	1	53/69	74.3	16.0	6.90	11.1	YES	27
9	0.1	0.7	53/69	53.6	17.0	7.00	10.7	YES	NA
10	0.1	0.5	53/69	39.8	17.0	6.90	10.3	YES	23
11	0.2	8	53/69	562.6	17.0	6.90	10.5	YES	NA
12	0.1	0.7	53/69	53.6	18.0	6.90	9.7	YES	NA
13	0.1	0.6	53/69	46.7	16.0	6.90	11.1	YES	NA
14	0.1	0.4	53/69	32.9	16.0	7.00	11.5	YES	43
15	0.1	0.5	53/69	39.8	17.0	6.90	10.3	YES	NA
16	0.3	0.8	53/69	71.1	17.0	7.00	11.0	YES	NA
17	0.2	0.5	53/69	45.1	16.0	7.20	12.5	YES	NA
18	0.2	0.7	53/69	58.9	15.0	7.00	12.4	YES	NA
19	0.1	0.6	53/69	46.7	16.0	7.10	11.9	YES	NA
20	0.1	0.3	53/69	26.0	18.0	6.90	9.7	YES	17
21	0.1	0.4	53/69	32.9	18.0	6.90	9.7	YES	NA
22	0.1	0.7	53/69	53.6	18.0	7.00	10.0	YES	NA
23	0.1	0.4	53/69	32.9	18.0	6.90	9.7	YES	16
24	0.1	0.5	53/69	39.8	14.0	7.00	13.1	YES	NA
25	0.2	0.4	53/69	38.2	14.0	7.00	13.3	YES	23
26	0.1	0.3	53/69	26.0	14.0	7.00	13.1	YES	28
27	0.1	0.3	53/69	26.0	15.0	7.00	12.3	YES	35
28	0.2	0.4	53/69	38.2	15.0	7.00	12.4	YES	17
29	0.2	0.4	53/69	38.2	15.0	7.00	12.4	YES	20
30	0.2	0.6	53/69	52.0	14.0	6.90	12.8	YES	50
31	0.2	0.6	53/69	52.0	15.0	6.90	12.0	YES	20

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.drnce@state.or.us; 971-873-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350