

OHA - Drinking Water Services - Surface Water Quality Data Form

County:

Grant

Cartridge or Bag Filtration

Month/Year:

Nov-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 ¹ [NTU]	
1	0.00	0.00	0.00	25	0.31	0.31	
2	12.00	8.00	4.00	25	0.20	0.20	
3	0.00	0.00	0.00	25	0.18	0.18	
4	14.00	8.00	6.00	25	0.18	0.18	
5	0.00	0.00	0.00	25	0.19	0.19	
6	16.00	8.00	8.00	25	0.30	0.30	
7	0.00	0.00	0.00	25	0.22	0.22	
8	0.00	0.00	0.00	25	0.28	0.28	
9	0.00	0.00	0.00	25	0.16	0.16	
10	20.00	8.00	12.00	25	0.17	0.17	
11	0.00	0.00	0.00	25	0.17	0.17	
12	22.00	8.00	14.00	25	0.28	0.28	
13	0.00	0.00	0.00	25	0.16	0.16	
14	0.00	0.00	0.00	25	0.19	0.19	
15	0.00	0.00	0.00	25	0.20	0.20	
16	0.00	0.00	0.00	25	0.19	0.19	
17	0.00	0.00	0.00	25	0.23	0.23	
18	0.00	0.00	0.00	25	0.20	0.20	
19	0.00	0.00	0.00	25	0.16	0.16	
20	0.00	0.00	0.00	25	0.19	0.19	
21	40.00	8.00	32.00	25	0.15	0.15	
22	0.00	0.00	0.00	25	0.16	0.16	
23	0.00	0.00	0.00	25	0.30	0.30	
24	0.00	0.00	0.00	25	0.30	0.30	
25	0.00	0.00	0.00	25	0.18	0.18	
26	0.00	0.00	0.00	25	0.21	0.21	
27	30.00	8.00	22.00	25	0.21	0.21	
28	0.00	0.00	0.00	25	0.22	0.22	
29	0.00	0.00	0.00	25	0.27	0.27	
30	40.00	8.00	32.00	25	0.24	0.24	
31	0.00	0.00	0.00	25	0.23	0.23	

Cartridge & Bag Filtration

Monthly Summary (Answer Yes or No)

95% of daily turbidity readings $\leq$ 1 NTU?

Yes/No

CT's met everyday?
(see back)All Cl₂ residual at entry point $\geq$ 0.2 mg/l?All daily turbidity readings $\leq$ 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.

PRINTED NAME:

SIGNATURE:

DATE: 1-6-25

PHONE # 571-408-2457

CERT #: 090473

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

Dec-24

Disinfection
Giardia Log
Inactiv:

0.5

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

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	0.8	53/69	60.5	14.0	6.70	12.7	YES	NA
2	0.2	0.8	53/69	65.8	13.0	6.90	13.7	YES	21
3	0.2	0.8	53/69	65.8	13.0	7.00	14.2	YES	25
4	0.2	0.7	53/69	58.9	14.0	7.10	13.8	YES	19
5	0.2	0.8	53/69	65.8	13.0	7.10	14.7	YES	NA
6	0.2	1	53/69	79.6	13.0	7.00	14.2	YES	20
7	0.1	0.8	53/69	60.5	13.0	7.10	14.6	YES	NA
8	0.1	0.7	53/69	53.6	14.0	7.00	13.1	YES	NA
9	0.1	0.7	53/69	53.6	13.0	7.10	14.6	YES	18
10	0.1	0.8	53/69	60.5	11.0	7.00	16.4	YES	30
11	0.2	0.9	53/69	72.7	11.0	7.00	16.6	YES	16
12	0.1	0.6	53/69	46.7	11.0	6.90	15.8	YES	NA
13	0.1	0.7	53/69	53.6	11.0	7.10	17.0	YES	NA
14	0.1	0.6	53/69	46.7	13.0	6.90	13.5	YES	26
15	0.1	0.8	53/69	60.5	14.0	6.90	12.7	YES	19
16	0.2	0.9	53/69	72.7	13.0	7.00	14.2	YES	NA
17	0.2	0.9	53/69	72.7	13.0	6.90	13.7	YES	23
18	0.2	1	53/69	79.6	13.0	7.00	14.2	YES	20
19	0.2	0.9	53/69	72.7	14.0	7.00	13.3	YES	NA
20	0.2	0.9	53/69	72.7	13.0	7.10	14.7	YES	18
21	0.1	0.7	53/69	53.6	14.0	6.90	12.7	YES	NA
22	0.1	0.7	53/69	53.6	13.0	6.90	13.5	YES	NA
23	0.2	0.8	53/69	65.8	13.0	6.90	13.7	YES	20
24	0.2	0.7	53/69	58.9	14.0	6.90	12.8	YES	18
25	0.2	0.9	53/69	72.7	14.0	7.20	14.3	YES	NA
26	0.2	0.7	53/69	58.9	13.0	7.00	14.2	YES	NA
27	0.2	0.9	53/69	72.7	14.0	7.10	13.8	YES	24
28	0.1	0.7	53/69	53.6	14.0	7.10	13.6	YES	NA
29	0.1	0.6	53/69	46.7	13.0	6.90	13.5	YES	NA
30	0.1	0.6	53/69	46.7	13.0	6.90	13.5	YES	NA
31	0.2	0.7	53/69	58.9	13.0	7.00	14.2	YES	NA

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.dmo@state.or.us; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350