

OHA - Drinking Water Services - Surface Water Quality Data Form

County: Grant
Month/Year: Mar-25

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	0.79	0.79
2	0.00	0.00	0.00	25	0.77	0.77
3	12.00	12.00	0.00	25	0.68	0.68
4	0.00	0.00	0.00	25	0.67	0.67
5	0.00	0.00	0.00	25	0.61	0.61
6	0.00	0.00	0.00	25	0.65	0.65
7	0.00	0.00	0.00	25	0.63	0.63
8	14.00	14.00	0.00	25	0.50	0.50
9	0.00	0.00	0.00	25	0.48	0.48
10	0.00	0.00	0.00	25	0.45	0.45
11	14.00	14.00	0.00	25	0.42	0.42
12	0.00	0.00	0.00	25	0.41	0.41
13	14.00	14.00	0.00	25	0.39	0.39
14	0.00	0.00	0.00	25	0.34	0.34
15	16.00	16.00	0.00	25	0.41	0.41
16	0.00	0.00	0.00	25	0.33	0.33
17	0.00	0.00	0.00	25	0.45	0.45
18	0.00	0.00	0.00	25	0.33	0.33
19	0.00	0.00	0.00	25	0.34	0.34
20	16.00	16.00	0.00	25	0.32	0.32
21	0.00	0.00	0.00	25	0.38	0.38
22	16.00	16.00	0.00	25	0.39	0.39
23	0.00	0.00	0.00	25	0.39	0.39
24	0.00	0.00	0.00	25	0.38	0.38
25	0.00	0.00	0.00	25	0.29	0.29
26	0.00	0.00	0.00	25	0.34	0.34
27	0.00	0.00	0.00	25	0.36	0.36
28	0.00	0.00	0.00	25	0.49	0.49
29	0.00	0.00	0.00	25	0.67	0.67
30	0.00	0.00	0.00	25	0.68	0.68
31	0.00	0.00	0.00	25	0.66	0.66

<p>Cartridge & Bag Filtration</p> <p>95% of daily turbidity readings ≤ 1 NTU? <input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>All daily turbidity readings ≤ 5 NTU? <input checked="" type="radio"/> Yes <input type="radio"/> No</p>		<p>Monthly Summary (Answer Yes or No)</p> <p>CT's met everyday? (see back) <input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>All Cl2 residual at entry point ≥ 0.2 mg/l? <input checked="" type="radio"/> Yes <input type="radio"/> No</p>	
<p>Notes: PSI = pounds per square inch</p> <p>PSID = pounds per square inch difference (before filter - after filter)</p> <p>PSID When to Change Filter = look in manual for manufacturer's specifications when to change the filter at what PSID.</p>		<p>PRINTED NAME: <i>Pat Goshorn</i></p> <p>SIGNATURE: <i>[Signature]</i> DATE: <i>4-10-25</i></p> <p>PHONE #: <i>(711) 406-2437</i> CERT: <i>007049</i></p>	

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 Mar-25

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})	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	0.3	53/69	26.0	14.0	6.90	13.0	YES	NA
2	0.1	0.3	53/69	26.0	14.0	6.80	12.2	YES	NA
3	0.2	0.6	53/69	52.0	11.0	6.90	16.0	YES	19
4	0.2	0.4	53/69	38.2	12.0	6.90	15.0	YES	NA
5	0.1	0.2	53/69	19.1	13.0	6.90	13.5	YES	NA
6	0.1	0.3	53/69	26.0	13.0	6.90	13.5	YES	NA
7	0.1	0.3	53/69	26.0	13.0	6.90	13.5	YES	17
8	0.2	0.4	53/69	38.2	13.0	6.90	13.7	YES	20
9	0.1	0.2	53/69	19.1	13.0	6.70	12.6	YES	NA
10	0.1	0.4	53/69	32.9	12.0	6.80	14.4	YES	18
11	0.1	0.3	53/69	26.0	14.0	6.80	12.2	YES	20
12	0.2	0.4	53/69	38.2	14.0	6.90	12.8	YES	NA
13	0.2	0.5	53/69	45.1	14.0	6.80	12.3	YES	16
14	0.2	0.5	53/69	45.1	12.0	6.90	15.0	YES	34
15	0.2	0.5	53/69	45.1	13.0	6.90	13.7	YES	27
16	0.2	0.6	53/69	52.0	14.0	6.70	11.9	YES	31
17	0.2	0.4	53/69	38.2	14.0	6.90	12.8	YES	52
18	0.2	0.5	53/69	45.1	13.0	6.80	13.2	YES	NA
19	0.2	0.7	53/69	58.9	12.0	6.80	14.5	YES	20
20	0.2	0.6	53/69	52.0	13.0	6.90	13.7	YES	18
21	0.2	0.6	53/69	52.0	12.0	6.80	14.5	YES	19
22	0.1	0.5	53/69	39.8	14.0	6.80	12.2	YES	20
23	0.1	0.3	53/69	26.0	13.0	6.90	13.5	YES	NA
24	0.1	0.4	53/69	32.9	12.0	6.80	14.4	YES	NA
25	0.1	0.3	53/69	26.0	13.0	6.80	13.0	YES	18
26	0.2	0.7	53/69	58.9	14.0	6.80	12.3	YES	26
27	0.2	0.7	53/69	58.9	14.0	6.80	12.3	YES	18
28	0.1	0.5	53/69	39.8	14.0	6.80	12.2	YES	25
29	0.1	0.4	53/69	32.9	15.0	6.90	11.8	YES	NA
30	0.1	0.2	53/69	19.1	15.0	6.80	11.4	YES	NA
31	0.1	0.2	53/69	19.1	15.0	6.80	11.4	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.dmce@state.or.us; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350