

OHA - Drinking Water Services - Surface Water Quality Data Form

Cartridge or Bag Filtration

County: Grant

Month/Year: May-25

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	0.33	0.33
2	0.00	0.00	0.00	25	0.37	0.37
3	0.00	0.00	0.00	25	0.35	0.35
4	0.00	0.00	0.00	25	0.38	0.38
5	0.00	0.00	0.00	25	0.42	0.42
6	35.00	25.00	10.00	25	0.46	0.46
7	42.00	36.00	6.00	25	0.43	0.43
8	50.00	30.00	20.00	25	0.43	0.43
9	50.00	30.00	20.00	25	0.48	0.48
10	0.00	0.00	0.00	25	0.47	0.48
11	48.00	30.00	18.00	25	0.54	0.54
12	0.00	0.00	0.00	25	0.47	0.47
13	0.00	0.00	0.00	25	0.47	0.47
14	0.00	0.00	0.00	25	0.48	0.48
15	45.00	20.00	25.00	25	0.48	0.48
16	0.00	0.00	0.00	25	0.47	0.47
17	0.00	0.00	0.00	25	0.41	0.41
18	0.00	0.00	0.00	25	0.36	0.36
19	0.00	0.00	0.00	25	0.43	0.43
20	0.00	0.00	0.00	25	0.45	0.45
21	0.00	0.00	0.00	25	0.48	0.48
22	10.00	10.00	0.00	25	0.41	0.41
23	0.00	0.00	0.00	25	0.45	0.45
24	0.00	0.00	0.00	25	0.46	0.46
25	10.00	10.00	0.00	25	0.41	0.41
26	0.00	0.00	0.00	25	0.48	0.48
27	0.00	0.00	0.00	25	0.59	0.59
28	0.00	0.00	0.00	25	0.58	0.58
29	0.00	0.00	0.00	25	0.61	0.61
30	0.00	0.00	0.00	25	0.68	0.68
31	0.00	0.00	0.00	25	0.74	0.74

Cartridge & Bag Filtration

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

Yes No

All daily turbidity readings $\leq$ 5 NTU?

Yes No

Monthly Summary (Answer Yes or No)

CT's met everyday?
(see back)

Yes No

All Cl2 residual at entry point $\geq$ 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 Greenwies

SIGNATURE: Pat Greenwies

DATE: 6-4-25

PHONE #: 501 4052457

CERT # 20043

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

May-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	0.2	0.9	53/69	72.7	14.0	6.70	12.9	YES	NA
2	0.2	0.7	53/69	58.9	14.0	6.80	12.3	YES	NA
3	0.1	0.4	53/69	32.9	15.0	7.00	12.3	YES	NA
4	0.2	0.7	53/69	58.9	16.0	6.80	10.8	YES	NA
5	0.2	0.6	53/69	52.0	15.0	6.70	11.1	YES	NA
6	0.1	0.4	53/69	32.9	15.0	6.70	11.0	YES	17
7	0.1	0.5	53/69	39.8	15.0	6.80	11.4	YES	27
8	0.3	1.8	53/69	140.1	15.0	6.70	11.2	YES	38
9	0.3	1.3	53/69	105.6	15.0	6.80	11.7	YES	NA
10	0.1	0.5	53/69	39.8	15.0	6.80	11.4	YES	19
11	0.2	1.3	53/69	100.3	15.0	6.70	11.1	YES	NA
12	0.2	0.8	53/69	65.8	15.0	6.70	11.1	YES	NA
13	0.2	0.4	53/69	38.2	15.0	6.70	11.1	YES	NA
14	0.1	0.3	53/69	26.0	15.0	6.80	11.4	YES	18
15	0.1	0.4	53/69	32.9	15.0	6.70	11.0	YES	22
16	0.2	0.8	53/69	65.8	15.0	6.80	11.5	YES	NA
17	0.2	0.9	53/69	72.7	15.0	6.90	12.0	YES	18
18	0.2	0.7	53/69	58.9	15.0	6.90	12.0	YES	NA
19	0.1	0.2	53/69	19.1	14.0	6.70	11.7	YES	NA
20	0.1	0.3	53/69	26.0	14.0	6.70	11.7	YES	NA
21	0.2	0.5	53/69	45.1	15.0	6.80	11.5	YES	NA
22	0.1	0.7	53/69	53.6	15.0	6.80	11.4	YES	18
23	0.1	0.4	53/69	32.9	15.0	6.80	11.4	YES	NA
24	0.2	0.7	53/69	58.9	15.0	7.00	12.4	YES	NA
25	0.2	1.4	53/69	107.2	16.0	7.10	12.1	YES	NA
26	0.2	0.8	53/69	65.8	15.0	6.80	11.5	YES	26
27	0.2	0.6	53/69	52.0	15.0	6.80	11.5	YES	32
28	0.1	0.4	53/69	32.9	16.0	6.70	10.3	YES	17
29	0.2	0.8	53/69	65.8	17.0	6.70	9.7	YES	17
30	0.1	0.3	53/69	26.0	17.0	6.60	9.2	YES	NA
31	0.1	0.2	53/69	19.1	17.0	6.60	9.2	YES	18

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