

OHA - Drinking Water Services - Surface Water Quality Data Form

County: Grant

Cartridge or Bag Filtration

Month/Year: Jun-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	0.69	0.69	
2	0.00	0.00	0.00	25	0.65	0.65	
3	11.00	10.00	1.00	25	0.74	0.74	
4	11.00	10.00	1.00	25	0.71	0.71	
5	0.00	0.00	0.00	25	0.76	0.76	
6	11.00	10.00	1.00	25	0.74	0.74	
7	12.00	10.00	2.00	25	0.81	0.81	
8	14.00	10.00	4.00	25	0.60	0.60	
9	0.00	0.00	0.00	25	0.55	0.55	
10	11.00	10.00	1.00	25	0.50	0.50	
11	0.00	0.00	0.00	25	0.58	0.58	
12	0.00	0.00	0.00	25	0.54	0.54	
13	0.00	0.00	0.00	25	0.62	0.62	
14	0.00	0.00	0.00	25	0.44	0.44	
15	0.00	0.00	0.00	25	0.47	0.47	
16	0.00	0.00	0.00	25	0.57	0.57	
17	0.00	0.00	0.00	25	0.43	0.43	
18	0.00	0.00	0.00	25	0.56	0.56	
19	25.00	10.00	15.00	25	0.41	0.41	
20	0.00	0.00	0.00	25	0.40	0.40	
21	36.00	10.00	16.00	25	0.33	0.33	
22	0.00	0.00	0.00	25	0.35	0.35	
23	0.00	0.00	0.00	25	0.30	0.30	
24	30.00	10.00	20.00	25	0.32	0.32	
25	0.00	0.00	0.00	25	0.39	0.39	
26	0.00	0.00	0.00	25	0.37	0.37	
27	0.00	0.00	0.00	25	0.32	0.32	
28	20.00	10.00	10.00	25	0.31	0.31	
29	0.00	0.00	0.00	25	0.40	0.40	
30	20.00	10.00	10.00	25	0.37	0.37	
31				25			

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: Rat Goehring

SIGNATURE: Rat Goehring

DATE: 7-6-25

PHONE #: (541) 408-2437

CERT #29047

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 Jun-25

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	0.2	53/69	19.1	16.0	6.70	10.4	YES	NA
2	0.1	0.2	53/69	19.1	16.0	6.80	10.7	YES	17
3	0.1	0.2	53/69	19.1	15.0	6.70	11.0	YES	19
4	0.1	0.5	53/69	39.8	15.0	6.80	11.4	YES	19
5	0.2	1.3	53/69	100.3	16.0	6.70	10.4	YES	16
6	0.2	0.7	53/69	58.9	16.0	6.70	10.4	YES	25
7	0.1	0.4	53/69	32.9	17.0	6.80	10.0	YES	21
8	0.1	0.2	53/69	19.1	18.0	6.90	9.7	YES	38
9	0.1	0.2	53/69	19.1	17.0	6.70	9.6	YES	30
10	0.1	0.2	53/69	19.1	18.0	6.60	8.6	YES	26
11	0.2	0.4	53/69	38.2	19.0	6.80	8.8	YES	25
12	0.1	0.2	53/69	19.1	18.0	6.80	9.3	YES	20
13	0.1	0.2	53/69	19.1	18.0	6.70	9.0	YES	NA
14	0.1	0.2	53/69	19.1	16.0	6.90	11.1	YES	39
15	0.1	0.2	53/69	19.1	17.0	6.90	10.3	YES	22
16	0.1	0.3	53/69	26.0	18.0	6.70	9.0	YES	20
17	0.1	0.2	53/69	19.1	18.0	6.90	9.7	YES	28
18	0.1	0.2	53/69	19.1	18.0	6.70	9.0	YES	29
19	0.1	0.2	53/69	19.1	17.0	6.70	9.6	YES	20
20	0.1	0.2	53/69	19.1	18.0	6.70	9.0	YES	19
21	0.1	0.2	53/69	19.1	16.0	6.70	10.3	YES	27
22	0.1	0.2	53/69	19.1	17.0	6.70	9.6	YES	20
23	0.1	0.2	53/69	19.1	17.0	6.80	10.0	YES	NA
24	0.1	0.2	53/69	19.1	18.0	6.80	9.3	YES	NA
25	0.1	0.2	53/69	19.1	18.0	6.70	9.0	YES	20
26	0.2	0.4	53/69	38.2	18.0	6.70	9.1	YES	25
27	0.2	0.8	53/69	65.8	18.0	6.80	9.4	YES	27
28	0.2	0.4	53/69	38.2	17.0	6.80	10.1	YES	24
29	0.1	0.2	53/69	19.1	18.0	7.10	10.4	YES	NA
30	0.2	0.7	53/69	58.9	19.0	6.90	9.1	YES	20
31			53/69	0.0				NO	

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