OHA - Drinking Water Services - Surface Water Quality Data Form

Cartridge or Bag Filtration

County: Grant

Month/Year: Oct-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	0.29	0.29
2	0.00	0.00	0.00	25	0.26	0.26
3	34.00	30.00	4.00	25	0.33	0.33
4	0.00	0.00	0.00	25	0.28	0.28
5	0.00	0.00	0.00	25	0.28	0.28
6	0.00	0.00	0.00	25	0.29	0.29
7	0.00	0.00	0.00	25	0.31	0.31
8	0.00	0.00	0.00	25	0.29	0.29
9	35.00	32.00	3.00	25	0.30	0.30
10	0.00	0.00	0.00	25	0.31	0.31
11	36.00	30.00	6.00	25	0.36	0.36
12	0.00	0.00	0.00	25	0.40	0.40
13	0.00	0.00	0.00	25	0.38	0.38
14	0.00	0.00	0.00	25	0.36	0.36
15	0.00	0.00	0.00	25	0.38	0.38
16	0.00	0.00	0.00	25	0.37	0.37
17	0.00	0.00	0.00	25	0.36	0.36
18	36.00	30.00	6.00	25	0.41	0.41
19	0.00	0.00	0.00	25	0.35	0.35
20	0.00	0.00	0.00	25	0.36	0.36
21	0.00	0.00	0.00	25	0.39	0.39
22	0.00	0.00	0.00	25	0.35	0.35
23	0.00	0.00	0.00	25	0.37	0.37
24	0.00	0.00	0.00	25	0.33	0.33
25	40.00	34.00	6.00	25	0.36	0.36
26	0.00	0.00	0.00	25	0.42	0.42
27	0.00	0.00	0.00	25	0.34	0.34
28	40.00	35.00	5.00	25	0.43	0.43
29	0.00	0.00	0.00	25	0.33	0.33
30	0.00	0.00	0.00	25	0.36	0.36
31	0.00	0.00	0.00	25	0.43	0.43

Cartridge & Bag Filtration		Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings ≤ 1 NTU?	(Yes) / No	CT's met everyday? (see back)	All Cl2 residual at entry point ≥ 0.2 mg/l?
All daily turbidity readings ≤ 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: Pat Goetzinger

SIGNATURE: [signature]

DATE: 11-3-25

PHONE #: 541 420 2437

CERT #: 09843

[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-25	Disinfection *Giardia* Log Inactiv:	0.5

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

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	18.0	7.00	11.0	YES	22
2	0.2	0.6	53/69	52.0	17.0	6.90	10.5	YES	NA
3	0.2	0.6	53/69	52.0	17.0	7.00	10.9	YES	NA
4	0.2	0.7	53/69	58.9	17.0	7.00	10.9	YES	25
5	0.2	0.6	53/69	52.0	17.0	7.10	11.3	YES	NA
6	0.2	0.7	53/69	58.9	16.0	7.10	12.1	YES	NA
7	0.2	0.7	53/69	58.9	16.0	7.10	12.1	YES	NA
8	0.3	0.8	53/69	71.1	17.0	7.00	11.0	YES	NA
9	0.2	0.6	53/69	52.0	17.0	7.00	10.9	YES	21
10	0.1	0.5	53/69	39.8	17.0	7.00	10.7	YES	NA
11	0.2	0.7	53/69	58.9	16.0	7.10	12.1	YES	19
12	0.2	0.6	53/69	52.0	17.0	7.10	11.3	YES	NA
13	0.1	0.4	53/69	32.9	16.0	7.10	11.9	YES	NA
14	0.1	0.4	53/69	32.9	16.0	7.00	11.5	YES	NA
15	0.1	0.4	53/69	32.9	16.0	7.00	11.5	YES	NA
16	0.1	0.2	53/69	19.1	15.0	7.00	12.3	YES	NA
17	0.2	0.6	53/69	52.0	15.0	7.00	12.4	YES	26
18	0.1	0.6	53/69	46.7	16.0	7.00	11.5	YES	NA
19	0.1	0.3	53/69	26.0	16.0	7.00	11.5	YES	9
20	0.1	0.4	53/69	32.9	15.0	7.00	12.3	YES	NA
21	0.1	0.3	53/69	26.0	15.0	7.00	12.3	YES	NA
22	0.1	0.4	53/69	32.9	15.0	7.00	12.3	YES	NA
23	0.1	0.2	53/69	19.1	16.0	7.00	11.5	YES	NA
24	0.2	0.4	53/69	38.2	15.0	7.00	12.4	YES	19
25	0.1	0.4	53/69	32.9	16.0	6.90	11.1	YES	21
26	0.1	0.2	53/69	19.1	15.0	7.00	12.3	YES	16
27	0.2	0.6	53/69	52.0	15.0	7.00	12.4	YES	NA
28	0.2	0.7	53/69	58.9	14.0	7.00	13.3	YES	NA
29	0.2	0.7	53/69	58.9	15.0	7.00	12.4	YES	NA
30	0.2	0.8	53/69	65.8	15.0	7.00	12.4	YES	NA
31	0.2	0.8	53/69	65.8	14.0	7.10	13.8	YES	NA

[2] If Cl_2 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