

OHA - Drinking Water Services - Surface Water Quality Data Form

County: Grant

Cartridge or Bag Filtration

Month/Year: Jan-26

System Name:		Monument, City of		ID#:	WTP ID:	
				41 00541	TP- A	
Day	PSI Before Filter	PSI After Filter	PSID	PSID When to Change Filter	Daily Turbidity Reading [NTU]	Highest Reading of the day <sup>1</sup> [NTU]
1	0.00	0.00	0.00	25	0.38	0.38
2	0.00	0.00	0.00	25	0.33	0.33
3	40.00	30.00	10.00	25	0.29	0.29
4	0.00	0.00	0.00	25	0.29	0.29
5	30.00	25.00	5.00	25	0.29	0.29
6	0.00	0.00	0.00	25	0.31	0.31
7	40.00	32.00	8.00	25	0.27	0.27
8	0.00	0.00	0.00	25	0.29	0.29
9	0.00	0.00	0.00	25	0.28	0.28
10	48.00	40.00	8.00	25	0.26	0.26
11	0.00	0.00	0.00	25	0.53	0.53
12	0.00	0.00	0.00	25	0.53	0.53
13	0.00	0.00	0.00	25	0.56	0.56
14	11.00	11.00	0.00	25	0.51	0.51
15	0.00	0.00	0.00	25	0.41	0.41
16	10.00	10.00	0.00	25	0.38	0.38
17	0.00	0.00	0.00	25	0.33	0.33
18	0.00	0.00	0.00	25	0.32	0.32
19	0.00	0.00	0.00	25	0.40	0.40
20	10.00	10.00	0.00	25	0.38	0.38
21	0.00	0.00	0.00	25	0.38	0.38
22	0.00	0.00	0.00	25	0.49	0.49
23	0.00	0.00	0.00	25	0.29	0.29
24	0.00	0.00	0.00	25	0.24	0.24
25	0.00	0.00	0.00	25	0.29	0.29
26	0.00	0.00	0.00	25	0.32	0.32
27	10.00	10.00	0.00	25	0.35	0.35
28	0.00	0.00	0.00	25	0.36	0.36
29	0.00	0.00	0.00	25	0.32	0.32
30	0.00	0.00	0.00	25	0.30	0.30
31	0.00	0.00	0.00	25	0.35	0.35

<b>Cartridge &amp; Bag Filtration</b>		<b>Monthly Summary (Answer Yes or No)</b>	
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
<b>Notes: PSI = pounds per square inch</b>		<b>PRINTED NAME: Pat Goehring</b>	
PSID = pounds per square inch difference (before filter - after filter)		<b>SIGNATURE: [Signature]</b>	
PSID When to Change Filter = look in manual for manufacturer's specifications when to change the filter, at what PSID.		<b>DATE: 1-4-26</b>	
		<b>PHONE #: 541 408-2437</b>	
		<b>CERT # 09043</b>	

<sup>1</sup> 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/Year	Jan-26	Disinfection Giardia Log Inactiv:	0.5
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$$CT_{actual} = C_{well}(53 \text{ min.}) + C_{reservoir}(69 \text{ min.})$$

Date	Cl <sub>2</sub> Residual before filters (C <sub>well</sub> )	Cl <sub>2</sub> Residual at res. outlet (C <sub>reservoir</sub> ) <sup>2</sup>	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? <sup>2</sup>	Peak Hourly Demand Flow
	[ppm or mg/L]	[ppm or mg/L]	[minutes]	formula	[° C]		formula	Yes / No	[GPM]
1	0.2	0.8	53/69	65.8	12.0	6.80	15.5	YES	20
2	0.2	0.8	53/69	65.8	12.0	7.00	15.6	YES	23
3	0.2	0.9	53/69	72.7	12.0	7.10	16.1	YES	NA
4	0.1	0.7	53/69	53.6	12.0	7.10	15.9	YES	NA
5	0.2	0.8	53/69	65.8	12.0	6.90	15.0	YES	18
6	0.2	0.8	53/69	65.8	13.0	6.90	13.7	YES	NA
7	0.2	0.8	53/69	65.8	13.0	6.90	13.7	YES	NA
8	0.1	0.5	53/69	39.8	12.0	7.00	15.4	YES	NA
9	0.2	0.6	53/69	52.0	12.0	7.00	15.6	YES	NA
10	0.2	0.6	53/69	52.0	11.0	7.00	16.6	YES	NA
11	0.2	0.6	53/69	52.0	12.0	7.00	15.6	YES	25
12	0.2	0.6	53/69	52.0	12.0	6.90	15.0	YES	NA
13	0.1	0.4	53/69	32.9	11.0	7.00	16.4	YES	NA
14	0.1	0.5	53/69	39.8	12.0	6.90	14.9	YES	NA
15	0.1	0.5	53/69	39.8	12.0	6.90	14.9	YES	NA
16	0.1	0.5	53/69	39.8	12.0	7.00	15.4	YES	17
17	0.2	0.6	53/69	52.0	12.0	6.80	14.5	YES	NA
18	0.1	0.4	53/69	32.9	12.0	6.90	14.9	YES	NA
19	0.1	0.4	53/69	32.9	11.0	6.80	15.3	YES	NA
20	0.1	0.3	53/69	26.0	11.0	6.80	15.3	YES	NA
21	0.2	0.5	53/69	45.1	11.0	6.90	16.0	YES	NA
22	0.2	0.8	53/69	65.8	11.0	7.00	16.6	YES	16
23	0.2	0.8	53/69	65.8	11.0	7.10	17.1	YES	17
24	0.2	0.8	53/69	65.8	10.0	7.10	18.3	YES	NA
25	0.2	0.8	53/69	65.8	11.0	7.00	16.6	YES	21
26	0.2	0.9	53/69	72.7	11.0	6.90	16.0	YES	NA
27	0.2	1.1	53/69	86.5	11.0	6.90	16.0	YES	22
28	0.2	1	53/69	79.6	12.0	6.90	15.0	YES	NA
29	0.1	0.2	53/69	19.1	12.0	6.80	14.4	YES	35
30	0.2	0.9	53/69	72.7	11.0	7.00	16.6	YES	21
31	0.2	0.8	53/69	65.8	11.0	7.10	17.1	YES	NA

<sup>2</sup> If Cl<sub>2</sub> 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.dnce@state.or.us; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350