

OHA - Drinking Water Services - Surface Water Quality Data Form

County:

Grant

Cartridge or Bag Filtration

Month/Year:

Feb-26

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	0.31	0.31
2	0.00	0.00	0.00	25	0.25	0.25
3	10.00	10.00	0.00	25	0.34	0.34
4	0.00	0.00	0.00	25	0.27	0.27
5	0.00	0.00	0.00	25	0.27	0.27
6	0.00	0.00	0.00	25	0.30	0.30
7	0.00	0.00	0.00	25	0.24	0.24
8	0.00	0.00	0.00	25	0.33	0.33
9	10.00	10.00	0.00	25	0.24	0.24
10	0.00	0.00	0.00	25	0.23	0.23
11	0.00	0.00	0.00	25	0.35	0.35
12	0.00	0.00	0.00	25	0.30	0.30
13	0.00	0.00	0.00	25	0.26	0.26
14	11.00	11.00	0.00	25	0.29	0.29
15	0.00	0.00	0.00	25	0.24	0.24
16	0.00	0.00	0.00	25	0.25	0.25
17	0.00	0.00	0.00	25	0.24	0.24
18	0.00	0.00	0.00	25	0.25	0.25
19	11.00	11.00	0.00	25	0.24	0.24
20	0.00	0.00	0.00	25	0.30	0.30
21	0.00	0.00	0.00	25	0.34	0.34
22	0.00	0.00	0.00	25	0.24	0.24
23	11.00	11.00	0.00	25	0.23	0.23
24	0.00	0.00	0.00	25	0.20	0.20
25	11.00	11.00	0.00	25	0.32	0.32
26	0.00	0.00	0.00	25	0.26	0.26
27	11.00	11.00	0.00	25	0.27	0.27
28	0.00	0.00	0.00	25	0.27	0.27
29				25		
30				25		
31				25		

Cartridge & Bag Filtration		Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings ≤ 1 NTU?	Yes / No <input checked="" type="radio"/> Yes / <input type="radio"/> No	CT's met everyday? (see back)	Yes / No <input checked="" type="radio"/> Yes / <input type="radio"/> No
All daily turbidity readings ≤ 5 NTU?	Yes / No <input checked="" type="radio"/> Yes / <input type="radio"/> No	All Cl2 residual at entry point ≥ 0.2 mg/l?	Yes / No <input checked="" type="radio"/> Yes / <input type="radio"/> 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: PT GOETZLING	DATE: 3-4-26
		SIGNATURE: <i>[Signature]</i>	CERT #: 09043
		PHONE #: 541-408-2457	

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/Year

Feb-26

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	12.0	7.00	16.8	YES	21
2	0.2	0.7	53/69	58.9	12.0	6.90	15.0	YES	NA
3	0.2	0.6	53/69	52.0	12.0	6.80	14.5	YES	NA
4	0.2	1	53/69	79.6	11.0	7.00	16.6	YES	NA
5	0.2	0.4	53/69	38.2	12.0	7.00	15.6	YES	NA
6	0.2	0.9	53/69	72.7	12.0	7.00	15.6	YES	NA
7	0.2	0.7	53/69	58.9	11.0	7.20	17.7	YES	NA
8	0.2	0.6	53/69	52.0	12.0	7.00	15.6	YES	17
9	0.2	0.8	53/69	65.8	12.0	7.00	15.6	YES	NA
10	0.2	0.4	53/69	38.2	12.0	7.00	15.6	YES	20
11	0.1	0.4	53/69	32.9	12.0	6.90	14.9	YES	NA
12	0.1	0.4	53/69	32.9	12.0	7.00	15.4	YES	NA
13	0.2	0.7	53/69	58.9	11.0	7.10	17.1	YES	19
14	0.2	0.6	53/69	52.0	11.0	7.20	17.7	YES	NA
15	0.2	0.6	53/69	52.0	12.0	7.10	16.1	YES	NA
16	0.1	0.4	53/69	32.9	12.0	6.90	14.9	YES	NA
17	0.2	0.7	53/69	58.9	12.0	7.00	15.6	YES	20
18	0.2	0.8	53/69	65.8	12.0	6.90	15.0	YES	NA
19	0.2	1.1	53/69	86.5	11.0	6.90	16.0	YES	NA
20	0.2	0.9	53/69	72.7	11.0	7.00	16.6	YES	NA
21	0.2	0.9	53/69	72.7	12.0	7.20	16.6	YES	20
22	0.2	0.8	53/69	65.8	12.0	7.00	15.6	YES	22
23	0.2	0.8	53/69	65.8	13.0	7.00	14.2	YES	16
24	0.2	0.9	53/69	72.7	13.0	7.00	14.2	YES	NA
25	0.1	0.4	53/69	32.9	13.0	7.00	14.0	YES	NA
26	0.2	0.6	53/69	52.0	12.0	7.00	15.6	YES	NA
27	0.2	0.5	53/69	45.1	12.0	7.10	16.1	YES	24
28	0.2	0.8	53/69	65.8	12.0	7.20	16.6	YES	NA
29			53/69	0.0				NO	
30			53/69	0.0				NO	
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