

**OHA - Drinking Water Program - Turbidity Monitoring Report Form County:
Cartridge or Bag Filtration**

System Name: Hamlet Quick Stop ID #: 94157 WTP.: A Month/Year: Jan. '21

DAY	PSI Before Filter	PSI After Filter	PSID	PSID When to Change Filter	Daily Turbidity Reading [NTU]	Highest Reading of the Day [NTU]
1	28	22	6	12	.45	
2	28	22	6		.25	
3	28	22	6		.24	
4	28	22	6		.26	
5	28	22	6		.23	
6	28	22	6		.22	
7	28	22	6		.25	
8	28	22	6		.25	
9	28	22	6		.24	
10	28	22	6		.24	
11	28	22	6		.26	
12	28	22	6		.23	
13	28	22	6		.24	
14	28	22	6		.27	
15	28	20	8		.23	
16	28	20	8		.24	
17	28	20	8		.25	
18	28	20	8		.22	
19	28	20	8		.23	
20	28	20	8		.24	
21	28	20	8		.24	
22	28	20	8		.25	
23	28	20	8		.22	
24	28	20	8		.25	
25	28	20	8		.26	
26	28	20	8		.23	
27	28	20	8		.24	
28	28	20	8		.22	
29	28	20	8		.25	
30	28	20	8		.24	
31	28	20	8		.24	

Cartridge Filtration		Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings ≤ 1 NTU? <input checked="" type="radio"/> Yes / <input type="radio"/> No	All daily turbidity readings ≤ 5 NTU? <input checked="" type="radio"/> Yes / <input type="radio"/> No	CT's met everyday? (see back) <input checked="" type="radio"/> Yes / <input type="radio"/> No	All Cl ₂ residual at entry point ≥ 0.2 mg/l? <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 = Manufacturer's recommendation; may need to look in manual for manufacturer's specifications when to change the filter, at what PSID.		PRINTED NAME: <u>Ludak Winkler</u>	DATE: <u>2-1-21</u>
		SIGNATURE: <u>[Signature]</u>	
		PHONE #: <u>(503) 738-0302</u>	CERT #:

OHA - Drinking Water Program - Surface Water Quality Data Form

System Name: **Hamlet Quink Glop** ID#: **94157** WTP: **A** Month/Year: **Jan '21**

Date / Time	Minimum Cl ₂ Residual at 1 st User (C) ²	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? ²	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	CXT	[°C]		Use tables	Yes / No	[GPM]
1/1	0.7	15	10.5			6		5 (Flow restrictor)
2/1	0.7	↓	10.5			↓		↓
3/1	0.7		10.5		5.6			
4/1	0.7		10.5					
5/1	0.7		10.5					
6/1	0.7		10.5					
7/1	0.7		10.5					
8/1	0.7		10.5					
9/1	0.7		10.5		5.6			
10/1	0.7		10.5					
11/1	0.7		10.5					
12/1	0.7		10.5					
13/1	0.7		10.5					
14/1	0.6		9					
15/1	0.6		9		5.6			
16/1	0.6		9					
17/1	0.6		9					
18/1	0.6		9					
19/1	0.6		9					
20/1	0.6		9					
21/1	0.6		9					
22/1	0.6		9		5.7			
23/1	0.6		9					
24/1	0.6		9					
25/1	0.6		9					
26/1	0.6		9					
27/1	0.6		9					
28/1	0.6		9		5.6			
29/1	0.6		9					
30/1	0.6		9					
31/1	0.6		9					

If Cl₂ at entry point < 0.2 mg/l OR CT not met, notify DWP by end of next business day. Revised February 2012
 Download form at: public.health.oregon.gov/healthyEnvironments/DrinkingWater/Monitoring/Documents/furb-cartridge.pdf