

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

System Name: Hamlet Quick Step ID #: 94157 WTP: A Month/Year: May '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	24	
2	28	22	6		24	
3	28	22	6		26	
4	28	22	6		25	
5	28	22	6		23	
6	28	22	6		24	
7	28	22	6		23	
8	28	22	6		24	
9	28	22	6		24	
10	28	22	6		26	
11	28	22	6		25	
12	28	22	6		24	
13	28	22	6		25	
14	28	22	6		25	
15	28	22	6		22	
16	28	22	6		23	
17	28	22	6		22	
18	28	22	6		23	
19	28	22	6		24	
20	28	22	6		25	
21	28	22	6		24	
22	28	22	6		24	
23	28	22	6		25	
24	28	20	8		26	
25	28	20	8		26	
26	28	20	8		24	
27	28	20	8		24	
28	28	20	8		24	
29	28	20	8		23	
30	20	20	8		22	
31	28	20	8		23	

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 Wishtler</u>	DATE: <u>5-1-21</u>
		SIGNATURE: <u>[Signature]</u>	CERT #:
		PHONE #: <u>503 738-0102</u>	

Including continuous turbidity data, if applicable, for optimization recording purposes. Compliance values in "Daily Turbidity Reading" Column may not correspond to continuous readings' maximum.
 PAGE 1 of 2

OHA - Drinking Water Program - Surface Water Quality Data Form

System Name: Hamlet Drink Stop ID#: 94157 WTP: A Month/Year: May 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/	0.6	15	9			6		5 (Flow restricted)
2/	0.6	↓	9		5.5	↓		↓
3/	0.6	↓	9			↓		↓
4/	0.6	↓	9			↓		↓
5/	0.6	↓	9			↓		↓
6/	0.6	↓	9			↓		↓
7/	0.6	↓	9			↓		↓
8/	0.6	↓	9		5.6	↓		↓
9/	0.6	↓	9			↓		↓
10/	0.6	↓	9			↓		↓
11/	0.6	↓	9			↓		↓
12/	0.6	↓	9			↓		↓
13/	0.6	↓	9			↓		↓
14/	0.6	↓	9		5.4	↓		↓
15/	0.6	↓	9			↓		↓
16/	0.6	↓	9			↓		↓
17/	0.6	↓	9			↓		↓
18/	0.6	↓	9			↓		↓
19/	0.6	↓	9			↓		↓
20/	0.6	↓	9		5.4	↓		↓
21/	0.6	↓	9			↓		↓
22/	0.6	↓	9			↓		↓
23/	0.6	↓	9			↓		↓
24/	0.6	↓	9			↓		↓
25/	0.6	↓	9		5.6	↓		↓
26/	0.6	↓	9			↓		↓
27/	0.6	↓	9			↓		↓
28/	0.6	↓	9			↓		↓
29/	0.6	↓	9			↓		↓
30/	0.6	↓	9		5.6	↓		↓
31/	0.6	↓	9			↓		↓

If Cl₂ at entry point < 0.2 mg/L OR CT not met, notify DMP by end of next business day. Revised February 2012
 Download form at: public.health.ny.gov/health/Environment/DrinkingWater/Monitoring/Documents/turb-cartridge.pdf