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

System Name: Hamlet Quick Step   ID#: 94157   WTP-: A   Month/Year: Jun '21

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	28	20	8	12	.25	
2	28	20	8		.26	
3	28	20	8		.25	
4	28	20	8		.24	
5	28	20	8		.25	
6	28	20	8		.23	
7	28	22	6		.24	
8	28	22	6		.23	
9	28	22	6		.25	
10	28	22	6		.23	
11	28	20	8		.22	
12	28	20	8		.23	
13	28	20	8		.24	
14	28	22	6		.24	
15	28	22	6		.25	
16	28	22	6		.24	
17	28	22	6		.23	
18	28	22	6		.24	
19	28	22	6		.23	
20	28	22	6		.24	
21	28	22	6		.25	
22	26	20	6		.24	
23	26	20	6		.24	
24	26	20	6		.24	
25	26	20	6		.23	
26	26	20	6		.23	
27	26	20	6		.22	
28	26	20	6		.23	
29	26	20	6		.24	
30	26	20	6		.25	
31						

Monthly Summary (Answer Yes or No)

Cartridge Filtration

95% of daily turbidity readings ≤ 1 NTU? (Yes) No
All daily turbidity readings ≤ 5 NTU? (Yes) No

CT's met everyday? (see back) (Yes) No

All Cl₂ residual at entry point ≥ 0.2 mg/l? (Yes) 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: Ludek Winkler

SIGNATURE: _____   DATE: 6-1-21

PHONE #: (503) 738-0302   CERT #:

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

OHA – Drinking Water Program – Surface Water Quality Data Form

System Name: Hamlet Quick Stop **ID#:** 9457 **WTP:** A **Month/Year:** Jan '21

Date / Time	Minimum Cl₂ Residual at 1st User (C)² [ppm or mg/L]	Contact Time (T) [minutes]	Actual CT C X T	Temp [°C]	pH	Required CT. Use tables	CT Met?² Yes / No	Peak Hourly Demand Flow [GPM]
						6		5 (Flow restricter)
1 /	0.6	5	9					
2 /	0.6		9		5.6			
3 /	0.6		9					
4 /	0.6		9					
5 /	0.6		9					
6 /	0.6		9					
7 /	0.6		9		5.6			
8 /	0.6		9					
9 /	0.6		9					
10 /	0.6		9					
11 /	0.6		9					
12 /	0.6		9		5.5			
13 /	0.6		9					
14 /	0.6		9					
15 /	0.6		9					
16 /	0.6		9		5.6			
17 /	0.6		9					
18 /	0.6		9					
19 /	0.6		9					
20 /	0.6		9		5.6			
21 /	0.6		9					
22 /	0.6		9					
23 /	0.7		10.5					
24 /	0.7		10.5					
25 /	0.7		10.5		5.7			
26 /	0.7		10.5					
27 /	0.7		10.5					
28 /	0.7		10.5					
29 /	0.7		10.5					
30 /	0.7		10.5					
31 /								

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

Revised February 2012