

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

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

Cartridge Filtration		Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings ≤ 1 NTU? 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> SIGNATURE: <u>[Signature]</u> DATE: <u>10-1-21</u>	
		PHONE #: <u>LC031728-0302</u>	CERT #:

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#: 94157 WTP: A Month/Year: Sep '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]
11/	0.7	15	10.5			6		5 (Flow restricted)
21/	0.7		10.5					
31/	0.7		10.5					
41/	0.7		10.5		5.6			
51/	0.7		10.5					
61/	0.7		10.5					
71/	0.7		10.5					
81/	0.6		9					
91/	0.6		9					
101/	0.6		9					
111/	0.6		9		5.6			
121/	0.6		9					
131/	0.6		9					
141/	0.6		9					
151/	0.6		9					
161/	0.6		9					
171/	0.6		9					
181/	0.6		9		5.4			
191/	0.6		9					
201/	0.6		9					
211/	0.6		9					
221/	0.6		9					
231/	0.6		9					
241/	0.6		9		5.5			
251/	0.6		9					
261/	0.6		9					
271/	0.6		9					
281/	0.6		9					
291/	0.6		9		5.4			
301/	0.6		9					
311/								

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/turb-cartridge.pdf