

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

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

Cartridge Filtration 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	Monthly Summary (Answer Yes or 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>12-31-21</u> PHONE #: <u>(503) 738-0302</u> CERT #:

OHA - Drinking Water Program - Surface Water Quality Data Form

System Name: Hamlet Drink Stop ID# 94157 WTP: A Month/Year: Dec '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 restrictor)
2/	0.6		9					
3/	0.6		9					
4/	0.6		9		5.6			
5/	0.6		9					
6/	0.6		9					
7/	0.6		9					
8/	0.6		9					
9/	0.6		9		5.6			
10/	0.6		9					
11/	0.6		9					
12/	0.6		9					
13/	0.6		9					
14/	0.6		9					
15/	0.6		9		5.6			
16/	0.6		9					
17/	0.6		9					
18/	0.6		9					
19/	0.7		10.5					
20/	0.7		10.5		5.5			
21/	0.7		10.5					
22/	0.7		10.5					
23/	0.7		10.5					
24/	0.7		10.5					
25/	0.7		10.5		5.6			
26/	0.7		10.5					
27/	0.7		10.5					
28/	0.7		10.5					
29/	0.7		10.5		5.5			
30/	0.7		10.5					
31/	0.7	✓	10.5			✓		✓

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