

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

System Name: Hanjet Quick Stop ID#: 91157 WTP: A Month/Year: Feb. '22

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

Cartridge Filtration		Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings ≤ 1 NTU? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	All daily turbidity readings ≤ 5 NTU? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	CT's met everyday? (see back) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	All Cl ₂ residual at entry point ≥ 0.2 mg/l? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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>Ludvik Wisniewski</u>	DATE: <u>3-1-22</u>
		SIGNATURE: <u>[Signature]</u>	
		PHONE #: <u>(503) 738-0102</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.
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OHA - Drinking Water Program - Surface Water Quality Data Form

System Name: **Harlet Quick Stop** ID#: **01457** WTP: **A** Month/Year: **Feb, 22**

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]
		5	10.5			6		5 (Flow restrictor)
1/	0.7		10.5					
2/	0.7		9					
3/	0.6		9		5.6			
4/	0.6		9					
5/	0.6		9					
6/	0.6		9					
7/	0.6		9					
8/	0.6		9					
9/	0.6		9					
10/	0.6		9		5.5			
11/	0.6		9					
12/	0.6		9					
13/	0.6		9					
14/	0.6		9					
15/	0.6		9					
16/	0.6		9		5.5			
17/	0.6		9					
18/	0.6		9					
19/	0.6		9					
20/	0.6		9					
21/	0.6		9					
22/	0.6		9		5.6			
23/	0.6		9					
24/	0.6		9					
25/	0.6		9					
26/	0.6		9					
27/	0.6		9					
28/	0.6		9					
29/								
30/								
31/								

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/hwb-cartridge.pdf