

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

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

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>Ludek Wishtler</u>	DATE: <u>4-1-22</u>
		SIGNATURE: <u>[Signature]</u>	CERT #:
		PHONE #: <u>(503) 728-0102</u>	

OHA - Drinking Water Program - Surface Water Quality Data Form

System Name: **Hamlet Quick Stop**

ID#: **94157**

WTP: **A**

Month/Year: **Mar '12**

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]
		15	9			6		5 (Flow restrictor)
1/	0.6		9		5.6			
2/	0.6		9					
3/	0.6		9					
4/	0.6		9					
5/	0.6		9					
6/	0.6		9					
7/	0.6		9		5.5			
8/	0.6		9					
9/	0.6		9					
10/	0.6		9					
11/	0.6		9					
12/	0.6		9		5.6			
13/	0.6		9					
14/	0.6		9					
15/	0.6		9					
16/	0.6		9					
17/	0.6		9		5.6			
18/	0.6		9					
19/	0.6		9					
20/	0.6		9					
21/	0.6		9					
22/	0.7		10.5		5.5			
23/	0.7		10.5					
24/	0.7		10.5					
25/	0.7		10.5					
26/	0.7		10.5					
27/	0.7		10.5		5.7			
28/	0.7		10.5					
29/	0.7		10.5					
30/	0.7		10.5					
31/	0.7		10.5					

² If Cl₂ at entry point < 0.2 mg/L, OR CT not met, notify DWIP by end of next business day. Revised February 2012
 Download form at: public.health.oregon.gov/HealthyEnvironments/DrinkingWater/Monitoring/Documents/sub-article.pdf