

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

System Name: Hamlet Quick Stop ID# 94157 WTP: A Month/Year: Jul 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		.25	
5	28	24	4		.26	
6	28	24	4		.24	
7	28	24	4		.23	
8	28	24	4		.25	
9	28	24	4		.23	
10	28	24	4		.25	
11	28	24	4		.26	
12	28	24	4		.23	
13	28	24	4		.22	
14	28	24	4		.24	
15	28	24	4		.25	
16	28	24	4		.26	
17	28	24	4		.24	
18	28	24	4		.23	
19	26	22	4		.23	
20	26	22	4		.24	
21	26	22	4		.25	
22	26	22	4		.23	
23	26	22	4		.22	
24	26	22	4		.23	
25	26	22	4		.24	
26	26	22	4		.25	
27	26	22	4		.23	
28	26	22	4		.22	
29	26	22	4		.26	
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="checkbox"/> Yes / <input type="checkbox"/> No	CT's met everyday? (see back)	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No
All daily turbidity readings ≤ 5 NTU?	<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>Ludek Winkler</u>	DATE: <u>7-31-22</u>
		SIGNATURE: <u>[Signature]</u>	CERT #:
		PHONE #: <u>(503) 728-0102</u>	

OHA - Drinking Water Program - Surface Water Quality Data Form

System Name: Hamlet Drink Stop ID#: 9457 WTP: A Month/Year: Jul. 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]
1/	0.6	15	9			6		5 (Flow restrictor)
2/	0.6	↓	9			↓		↓
3/	0.6		9		5.7			
4/	0.6		9					
5/	0.6		9					
6/	0.6		9					
7/	0.6		9					
8/	0.6		9					
9/	0.6		9		5.7			
10/	0.6		9					
11/	0.6		9					
12/	0.6		9					
13/	0.7		10.5					
14/	0.7		10.5					
15/	0.7		10.5		5.6			
16/	0.7		10.5					
17/	0.7		10.5					
18/	0.7		10.5					
19/	0.7		10.5					
20/	0.7		10.5					
21/	0.7		10.5		5.6			
22/	0.7		10.5					
23/	0.7		10.5					
24/	0.7		10.5					
25/	0.6		9					
26/	0.6		9					
27/	0.6		9		5.6			
28/	0.6		9					
29/	0.6		9					
30/	0.6		9					
31/	0.6		9					

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.ohio.gov/HealthyEnvironments/DrinkingWater/Monitoring/Documents/turb-cartridge.pdf