

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

System Name: Hamlet Quick Stop ID #: 94157 WTP: A Month/Year: Jan 23

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

<b>Cartridge Filtration</b>		<b>Monthly Summary (Answer Yes or No)</b>	
85% 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 every day? (see back) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	All Cl <sub>2</sub> residual at entry point ≥ 0.2 mg/l? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Notes: PSI = pounds per square inch PSD = pounds per square inch difference (before filter - after filter) PSD When to Change Filter = Manufacturer's recommendation; may need to look in manual for manufacturer's specifications when to change the filter, at what PSD.		PRINTED NAME: <u>Ludak Wisler</u>	DATE: <u>1/31/23</u>
		SIGNATURE: <u>[Signature]</u>	
		PHONE #: <u>(603) 738-0302</u>	CERT #:

OHA - Drinking Water Program - Surface Water Quality Data Form

System Name: Hamlet Quick Stop ID#: 94457 WTP: A Month/Year: Jan. '23

Date/Time	Minimum Cl <sub>2</sub> Residual at 1 <sup>st</sup> User (C) <sup>2</sup> [ppm or mg/L]	Contact Time (T) [minutes]	Actual CT CXT	Temp [°C]	pH	Required CT Use tables	CT Met? <sup>2</sup> Yes/No	Peak Hourly Demand Flow [GPM]
1/1	0.7	15	10.5			6		5 (Flow restrict)
2/1	0.7		10.5		5.7			
3/1	0.7		10.5					
4/1	0.6		9					
5/1	0.6		9					
6/1	0.6		9					
7/1	0.6		9					
8/1	0.6		9		5.7			
9/1	0.7		10.5					
10/1	0.7		10.5					
11/1	0.7		10.5					
12/1	0.7		10.5					
13/1	0.7		10.5					
14/1	0.7		10.5		5.6			
15/1	0.7		10.5					
16/1	0.7		10.5					
17/1	0.7		10.5					
18/1	0.6		9					
19/1	0.6		9		5.6			
20/1	0.6		9					
21/1	0.6		9					
22/1	0.6		9					
23/1	0.6		9					
24/1	0.6		9		5.6			
25/1	0.6		9					
26/1	0.6		9					
27/1	0.6		9					
28/1	0.6		9					
29/1	0.6		9		5.6			
30/1	0.6		9					
31/1	0.6	✓	9			✓		✓

If Cl<sub>2</sub> 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.wa.gov/healthyEnvironments/DrinkingWater/Monitoring/Documents/hwb-card10a.pdf](http://public.health.wa.gov/healthyEnvironments/DrinkingWater/Monitoring/Documents/hwb-card10a.pdf)