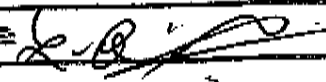


**OHA - Drinking Water Program - Turbidity Monitoring Report Form County:
Cartridge or Bag Filtration**

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

Cartridge Filtration		Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings ≤ 1 NTU? 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>Ludak Winkler</u>	DATE: <u>4-1-23</u>
		SIGNATURE: 	CERT #:
		PHONE #: <u>603 718-0102</u>	

OHA - Drinking Water Program - Surface Water Quality Data Form

System Name: Hawket Quick Stop ID#: 94657 WTP: A Month/Year: Mar. '13

Date / Time	Minimum Cl ₂ Residual at 1' 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/	0.7	15	10.5			6		5 (Flow Restrict)
2/	0.7		10.5		5.6			
3/	0.7		10.5					
4/	0.7		10.5					
5/	0.7		10.5					
6/	0.7		10.5					
7/	0.7		10.5					
8/	0.7		10.5					
9/	0.7		10.5		5.6			
10/	0.7		10.5					
11/	0.7		10.5					
12/	0.7		10.5					
13/	0.7		10.5					
14/	0.7		10.5					
15/	0.7		10.5					
16/	0.7		10.5		5.6			
17/	0.7		10.5					
18/	0.7		10.5					
19/	0.7		10.5					
20/	0.7		10.5					
21/	0.6		9					
22/	0.6		9		5.7			
23/	0.6		9					
24/	0.6		9					
25/	0.6		9					
26/	0.6		9					
27/	0.6		9					
28/	0.6		9		5.7			
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.oregon.gov/HealthyEnvironments/DrinkingWater/Monitoring/Documents/sub-certifice.pdf