

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

Cartridge Filtration 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		Monthly Summary (Answer Yes or No) Cl'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>Ludak Winkler</u> SIGNATURE: <u>[Signature]</u> DATE: <u>8-1-23</u> PHONE #: <u>(503) 738-0302</u> CERT #:	

OHA - Drinking Water Program - Surface Water Quality Data Form

System Name: Hawlet Quick Stop ID: 94157 WTP: A Month/Year: Jul-23

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]
11/	0.7	15	10.5			6		5 (Flow meter)
21/	0.7		10.5					
31/	0.7		10.5					
41/	0.7		10.5		5.7			
51/	0.7		10.5					
61/	0.7		10.5					
71/	0.7		10.5					
81/	0.7		10.5					
91/	0.7		10.5		5.6			
101/	0.7		10.5					
111/	0.6		9					
121/	0.6		9					
131/	0.6		9					
141/	0.6		9					
151/	0.6		9		5.7			
161/	0.6		9					
171/	0.6		9					
181/	0.6		9					
191/	0.6		9					
201/	0.6		9		5.7			
211/	0.6		9					
221/	0.6		9					
231/	0.6		9					
241/	0.6		9					
251/	0.6		9		5.6			
261/	0.6		9					
271/	0.6		9					
281/	0.6		9					
291/	0.6		9					
301/	0.6		9					
311/	0.6	✓	9			✓		✓

² 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-certfile.pdf