

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

System Name: Hanlet Quick Stop ID #: 94157 WTP: A Month/Year: Dec. 23

DAY	PSI Before Filter	PSI After Filter	PSD	PSD When to Change Filter	Daily Turbidity Reading (NTU)	Highest Reading of the Day (NTU)
1	28	22	6	12	.25	
2	28	22	6		.25	
3	28	22	6		.24	
4	28	22	6		.26	
5	28	22	6		.25	
6	28	22	6		.25	
7	28	22	6		.22	
8	28	22	6		.24	
9	28	22	6		.23	
10	28	22	6		.26	
11	28	22	6		.25	
12	28	22	6		.23	
13	28	22	6		.22	
14	28	22	6		.22	
15	28	22	6		.24	
16	28	22	6		.24	
17	28	22	6		.25	
18	28	22	6		.26	
19	28	22	6		.26	
20	28	22	6		.23	
21	28	22	6		.24	
22	28	22	6		.23	
23	28	22	6		.22	
24	28	22	6		.24	
25	28	22	6		.26	
26	28	24	4		.25	
27	28	24	4		.24	
28	28	24	4		.23	
29	28	24	4		.23	
30	28	24	4		.22	
31	28	24	4		.23	

<b>Cartridge Filtration</b>		<b>Monthly Summary (Answer Yes or No)</b>	
95% of daily turbidity readings ≤ 1 NTU? All daily turbidity readings ≤ 5 NTU?	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	Cl <sub>2</sub> met everyday? (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>Ludek Wisniewski</u>	DATE: <u>1-1-24</u>
		PHONE #: <u>503-738-0102</u>	CERT #:

## OHA - Drinking Water Program - Surface Water Quality Data Form

System Name: Hawlet Quick Stop ID#: 94457 WTP: A Month/Year: 12/23

Date / Time	Minimum Cl <sub>2</sub> Residual at 1 <sup>st</sup> User (C) <sup>2</sup>	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? <sup>2</sup>	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					
4/	0.6		9					
5/	0.6		9		5.7			
6/	0.6		9					
7/	0.6		9					
8/	0.6		9					
9/	0.6		9					
10/	0.6		9					
11/	0.6		9		5.7			
12/	0.6		9					
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/	0.6		9		5.7			
23/	0.6		9					
24/	0.6		9					
25/	0.7		10.5					
26/	0.7		10.5					
27/	0.7		10.5					
28/	0.7		10.5		5.7			
29/	0.7		10.5					
30/	0.7		10.5					
31/	0.7		10.5					

<sup>2</sup> 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.oregon.gov/healthyEnvironments/DrinkingWater/Monitoring/Documents/whb-cardtblas.pdf](http://public.health.oregon.gov/healthyEnvironments/DrinkingWater/Monitoring/Documents/whb-cardtblas.pdf)