

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

System Name: Harriet Quick Stop ID: 94157 WTP- A Month/Year: Mar '24

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

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 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.	Monthly Summary (Answer Yes or No)	
	CT'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
	PRINTED NAME: <u>Ludek Winkler</u>	DATE: <u>3-31-24</u>
	SIGNATURE: <u>[Signature]</u>	PHONE #: <u>(503) 718-0302</u>
	CERT #: 	

Including continuous turbidity data, if applicable, for optimization recording purposes. Compliance values in "Daily Turbidity Reading" Column may not correspond to continuous readings' maximum.
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OHA - Drinking Water Program - Surface Water Quality Data Form

System Name: Hawlet Quick Stop ID#: 94157 WTP: A Month/Year: Mar '24

Date / Time	Minimum Cl ₂ Residual at 1 st User (C) ² [ppm or mg/l]	Contact Time (T) [minutes]	Actual CT CXT	Temp [°C]	pH	Required CT Use tables	CT Met? ² Yes / No	Peak Hourly Demand Flow [GPM]
1/	0.6	15	9			6		5 (Flow Restrictor)
2/	0.6		9					
3/	0.6		9		5.6			
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/	0.6		9					
14/	0.6		9		5.7			
15/	0.7		10.5					
16/	0.7		10.5					
17/	0.7		10.5					
18/	0.7		10.5		5.2			
19/	0.7		10.5					
20/	0.7		10.5					
21/	0.7		10.5					
22/	0.6		9		5.6			
23/	0.6		9					
24/	0.6		9					
25/	0.6		9					
26/	0.6		9					
27/	0.6		9		5.7			
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.mn.gov/healthyenvironments/DrinkingWaterMonitoring/Documents/usb-cartridge.pdf