

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

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

Cartridge Filtration		Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings ≤ 1 NTU? All daily turbidity readings ≤ 5 NTU?	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No <input type="checkbox"/> Yes / <input checked="" type="checkbox"/> 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 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 Wisler</u>	DATE: <u>4-30-24</u>
		SIGNATURE: <u>[Signature]</u>	CERT #:
		PHONE #: <u>(603) 738-0302</u>	

OHA - Drinking Water Program - Surface Water Quality Data Form

System Name: Hawket Quick Stop ID#: 94157 WTP: A Month/Year: Apr. '25

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]	C X T	[°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		5.7			
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					
15/	0.6		9		5.7			
16/	0.6		9					
17/	0.6		9					
18/	0.6		9					
19/	0.6		9					
20/	0.6		9					
21/	0.7		10.5		5.6			
22/	0.7		10.5					
23/	0.7		10.5					
24/	0.7		10.5					
25/	0.7		10.5					
26/	0.7		10.5					
27/	0.7		10.5		5.6			
28/	0.6		9					
29/	0.6		9					
30/	0.6		9					
31/	0.6		9					

² If Cl₂ at entry point < 0.2 mg/L, OR CT not met, notify DWIP by end of next business day. Revised February 2012
 Downloaded from: public.health.oregon.gov/HealthyEnvironments/DrinkingWater/Monitoring/Documents/wh-cttable.pdf