

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

System Name: Ha-Jet Quick Step ID #: 94157 WTP: A Month/Year: Jun '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		22	
4	26	22	4		23	
5	26	22	4		22	
6	26	22	4		24	
7	26	22	4		24	
8	26	22	4		25	
9	26	22	4		23	
10	28	23	5		23	
11	28	23	5		22	
12	28	23	5		23	
13	28	23	5		24	
14	28	23	5		25	
15	28	23	5		23	
16	28	23	5		25	
17	28	23	5		23	
18	28	23	5		22	
19	28	23	5		24	
20	28	23	5		24	
21	28	23	5		23	
22	28	23	5		23	
23	28	23	5		25	
24	28	23	5		23	
25	28	23	5		24	
26	28	23	5		25	
27	28	23	5		22	
28	28	23	5		23	
29	28	23	5		24	
30	28	23	5			
31						

**Monthly Summary (Answer Yes or No)**

<b>Cartridge Filtration</b> 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  Note: 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.	CT's 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
	PRINTED NAME: <u>Ludak Wisler</u>	SIGNATURE: <u>[Signature]</u>
	PHONE #: <u>15031728-0102</u>	CERT #:

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

System Name: **Hanlet Quick Stop**

ID#: **94157**

WTP: **A**

Month/Year: **Jan '14**

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
	[form or mg/L]	[minutes]	CXT	[°C]		Use tables	Yes / No	[GPM]
						6		5 (Flow restrictor)
1/	0.7	15	10.5					
2/	0.7		10.5					
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					
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					
17/	0.7		10.5					
18/	0.6		9					
19/	0.6		9					
20/	0.6		9					
21/	0.6		9					
22/	0.6		9					
23/	0.6		9					
24/	0.6		9					
25/	0.6		9					
26/	0.6		9					
27/	0.6		9					
28/	0.6		9					
29/	0.6		9					
30/	0.6		9					
31/								

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/sub-cartridge.pdf](http://public.health.oregon.gov/healthyEnvironments/DrinkingWater/Monitoring/Documents/sub-cartridge.pdf)