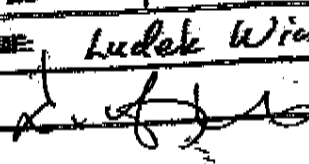


OHA - Drinking Water Program - Turbidity Monitoring Report Form County: Cartridge or Bag Filtration

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

Monthly Summary (Answer Yes or No)

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	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
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>Ludek Wishter</u> SIGNATURE:  PHONE #: <u>(603) 718-0302</u>	DATE: <u>7-31-24</u> CERT #:

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

System Name: Hawket Drink Stop ID#: 94157 WTP: A Month/Year: Jul '24

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]
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		5.6			
10/	0.6		9					
11/	0.6		9					
12/	0.6		9					
13/	0.6		9					
14/	0.6		9					
15/	0.6		9					
16/	0.6		9		5.6			
17/	0.6		9					
18/	0.6		9					
19/	0.6		9					
20/	0.6		9					
21/	0.6		9		5.1			
22/	0.6		9					
23/	0.6		9					
24/	0.6		9					
25/	0.6		9					
26/	0.6		9		5.6			
27/	0.6		9					
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: pub.in.health.mn.gov/HealthyEnvironments/DrinkingWater/Monitoring/Documents/hwb-cartridge.pdf