

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

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

Cartridge Filtration		Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings ≤ 1 NTU? <input checked="" type="radio"/> Yes <input type="radio"/> No	All daily turbidity readings ≤ 6 NTU? <input checked="" type="radio"/> Yes <input type="radio"/> No	Cl's met everyday? (see back) <input checked="" type="radio"/> Yes <input type="radio"/> No	All Cl ₂ residual at entry point ≥ 0.2 mg/l? <input checked="" type="radio"/> Yes <input type="radio"/> 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>Ludak Winkler</u>	DATE: <u>9-30-24</u>
		SIGNATURE: <u>[Signature]</u>	CERT #:
		PHONE #: <u>(503) 728-0302</u>	

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

System Name: Hanlet Quick Stop ID#: 94157 WTP: A Month/Year: Sep. 24

Date / Time	Minimum Cl ₂ Residual at 1 st User (G) 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/	0.7	15	10.5			6		5 (Flow restrict)
2/	0.7		10.5					
3/	0.7		10.5					
4/	0.7		10.5					
5/	0.7		10.5		5.6			
6/	0.7		10.5					
7/	0.6		9					
8/	0.6		9					
9/	0.6		9					
10/	0.6		9					
11/	0.6		9		5.6			
12/	0.6		9					
13/	0.6		9					
14/	0.6		9					
15/	0.6		9					
16/	0.6		9					
17/	0.6		9					
18/	0.6		9		5.6			
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		5.7			
26/	0.6		9					
27/	0.6		9					
28/	0.6		9					
29/	0.6		9					
30/	0.6		9		5.6			
31/		✓	9					✓

² 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.oregon.gov/HealthyEnvironments/DrinkingWater/Admin/Forms/Documents/sub-cartridge.pdf