

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

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

Cartridge Filtration		Monthly Summary (Answer Yes or No)	
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	CFs 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
<p>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.</p>		PRINTED NAME: <u>Ludek Winkler</u> SIGNATURE: <u>[Signature]</u> DATE: <u>10/31/24</u>	PHONE #: <u>1031728-0302</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.

OHA - Drinking Water Program - Surface Water Quality Data Form

System Name: Hanlet Quick Stop ID#: 94457 WTP: A Month/Year: Oct. 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]	C X T	[°C]		Use tables	Yes / No	[GPM]
11	0.6	15	9			6		5 (Flow restricted)
21	0.6		9		5.6			
31	0.6		9					
41	0.6		9					
51	0.6		9					
61	0.6		9					
71	0.6		9		5.7			
81	0.6		9					
91	0.6		9					
101	0.6		9					
111	0.6		9					
121	0.6		9					
131	0.6		9		5.7			
141	0.6		9					
151	0.6		9					
161	0.6		9					
171	0.6		9					
181	0.6		9					
191	0.6		9		5.7			
201	0.6		9					
211	0.6		9					
221	0.6		9					
231	0.6		9					
241	0.6		9		5.6			
251	0.6		9					
261	0.6		9					
271	0.6		9					
281	0.6		9					
291	0.6		9					
301	0.6		9		5.7			
311	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.oregon.gov/healthyEnvironments/DrinkingWater/Monitoring/Documents/Sub-sample.pdf