

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

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

Cartridge Filtration		Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings \leq 1 NTU? All daily turbidity readings \leq 5 NTU?	<input checked="" type="radio"/> Yes/No <input type="radio"/> No	CT's met everyday? (see back)	All Cl ₂ residual at entry point \geq 0.2 mg/l?
		<input checked="" type="radio"/> Yes/No <input type="radio"/> No	<input checked="" type="radio"/> Yes/No <input type="radio"/> No
<p>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.</p>		PRINTED NAME: <u>Ludak Wisniewski</u>	DATE: <u>11-30-24</u>
		SIGNATURE: <u>[Signature]</u>	
		PHONE #: <u>1503 1738-0102</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: Hambet Quick Stop ID#: 94157 WTP: A Month/Year: Nov-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 restricted)
2/	0.6		9					
3/	0.6		9		5.7			
4/	0.6		9					
5/	0.6		9					
6/	0.6		9					
7/	0.6		9					
8/	0.6		9					
9/	0.6		9		5.7			
10/	0.6		9					
11/	0.6		9					
12/	0.6		9					
13/	0.6		9					
14/	0.6		9		5.7			
15/	0.6		9					
16/	0.6		9					
17/	0.6		9					
18/	0.6		9					
19/	0.6		9		5.6			
20/	0.6		9					
21/	0.6		9					
22/	0.6		9					
23/	0.6		9					
24/	0.7		10.5		5.6			
25/	0.7		10.5					
26/	0.7		10.5					
27/	0.7		10.5					
28/	0.7		10.5		5.6			
29/	0.7		10.5					
30/	0.7		10.5					
31/	0.7		10.5					

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/Manuals/Documents/hwb-cartridge.pdf