

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

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

<b>Cartridge Filtration</b>		<b>Monthly Summary (Answer Yes or No)</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	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
<p><b>Notes:</b> 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 Wischler</u>	DATE: <u>12-31-24</u>
		SIGNATURE: <u>[Signature]</u>	CERT #:
		PHONE #: <u>(503) 728-0102</u>	

OHA - Drinking Water Program - Surface Water Quality Data Form

System Name: Hawlet Quick Stop ID#: 94457 WTP: A Month/Year: Dec '24

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
	[ppm or mg/L]	[minutes]	CXT	[°C]		Use tables	Yes / No	[GPM]
11	0.7	15	10.5			6		5 (Flow restrictor)
21	0.7		10.5					
31	0.7		10.5					
41	0.7		10.5		5.6			
51	0.7		10.5					
61	0.7		10.5					
71	0.7		10.5					
81	0.7		10.5					
91	0.7		10.5					
101	0.7		10.5		5.7			
111	0.7		10.5					
121	0.7		10.5					
131	0.6		9					
141	0.6		9					
151	0.6		9		5.6			
161	0.6		9					
171	0.6		9					
181	0.6		9					
191	0.6		9					
201	0.6		9					
211	0.6		9		5.6			
221	0.6		9					
231	0.6		9					
241	0.6		9					
251	0.6		9					
261	0.6		9		5.6			
271	0.6		9					
281	0.6		9					
291	0.6		9					
301	0.6		9					
311	0.6		9					

<sup>2</sup> 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/amb-cartridge.pdf](http://public.health.oregon.gov/healthyEnvironments/DrinkingWater/Monitoring/Documents/amb-cartridge.pdf)