

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

System Name: Har-Jet Quick Step ID #: 94157 WTP: A Month/Year: Feb. '25

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	6	12	24	
2	28	22	6		25	
3	28	22	6		26	
4	28	22	6		26	
5	28	22	6		25	
6	28	22	6		25	
7	28	22	6		24	
8	28	24	4		26	
9	28	24	4		23	
10	28	24	4		23	
11	28	24	4		22	
12	28	24	4		22	
13	28	24	4		23	
14	28	24	4		23	
15	28	24	4		24	
16	28	24	4		23	
17	28	24	4		25	
18	28	24	4		23	
19	28	24	4		24	
20	28	24	4		22	
21	28	24	4		25	
22	28	24	4		26	
23	28	24	4		24	
24	28	24	4		24	
25	28	24	4		23	
26	28	24	4		24	
27	28	24	4		23	
28	28	24	4		22	
29						
30						
31						

<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	Cl <sub>2</sub> '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>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 PSI.</p>		PRINTED NAME: <u>Ludak Winkler</u>	DATE: <u>2-28-25</u>
		SIGNATURE: <u>[Signature]</u>	CERT #:
		PHONE #: <u>(503) 728-0302</u>	

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

System Name: Hamlet Quick Stop ID#: 94157 WTP: A Month/Year: Feb. 25

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]
1/	0.5	15	7.5			6		5 (Flow restrictor)
2/	0.5		7.5					
3/	0.5		7.5					
4/	0.5		7.5					
5/	0.5		7.5		5.4			
6/	0.5		7.5					
7/	0.5		7.5					
8/	0.5		7.5					
9/	0.6		9					
10/	0.6		9					
11/	0.6		9		5.4			
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					
22/	0.6		9		5.6			
23/	0.6		9					
24/	0.6		9					
25/	0.6		9					
26/	0.6		9					
27/	0.6		9					
28/	0.6		9		5.5			
29/								
30/								
31/								

<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: [pub.in.ohio.gov/health/Environment/DrinkingWater/Insurances/Documents/sub-cartridge.pdf](http://pub.in.ohio.gov/health/Environment/DrinkingWater/Insurances/Documents/sub-cartridge.pdf)