

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

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

Cartridge Filtration 95% of daily turbidity readings ≤ 1 NTU? ☒ Yes ☐ No All daily turbidity readings ≤ 5 NTU? ☒ Yes ☐ 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 to manual for manufacturer's specifications when to change the filter, at what PSID.		Monthly Summary (Answer Yes or No) CT's met everyday? (see back) ☒ Yes ☐ No All Cl ₂ residual at entry point ≥ 0.2 mg/l? ☒ Yes ☐ No	
PRINTED NAME: <u>Ludek Winkler</u> SIGNATURE: <u>[Signature]</u> PHONE # <u>LED 31728-0302</u>		DATE: <u>5/31/25</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: Hawlet Quick Stop ID# 94157 WTP: A Month/Year: May 25

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/	0.5	15	7.5			6		5 (Flow Path)
2/	0.5		7.5					
3/	0.5		7.5					
4/	0.5		7.5		7.3			
5/	0.5		7.5					
6/	0.5		7.5					
7/	0.5		7.5					
8/	0.6		9					
9/	0.6		9		7.4			
10/	0.6		9					
11/	0.6		9					
12/	0.6		9					
13/	0.6		9					
14/	0.6		9		7.4			
15/	0.6		9					
16/	0.6		9					
17/	0.6		9					
18/	0.6		9					
19/	0.6		9					
20/	0.6		9		7.4			
21/	0.6		9					
22/	0.6		9					
23/	0.6		9					
24/	0.6		9					
25/	0.6		9		7.4			
26/	0.6		9					
27/	0.6		9					
28/	0.6		9					
29/	0.6		9					
30/	0.6		9		7.4			
31/	0.6		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/Monitoring/Documents/form_certificate.pdf