

OHA - Drinking Water Program - Turbidity Monitoring Report Form County:

Cartridge or Bag Filtration

System Name: Hamlet Quick Stop

ID #: 94157 WTP: A

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

Cartridge Filtration 95% of daily turbidity readings ≤ 1 NTU? ☒ Yes ☐ No All daily turbidity readings ≤ 5 NTU? ☒ Yes ☐ No		Monthly Summary (Answer Yes or No) CT's met every day? (see back) ☒ Yes ☐ No All Cl ₂ residual at entry point ≥ 0.2 mgd? ☒ 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 in manual for manufacturer's specifications when to change the filter, at what PSID.		PRINTED NAME: <u>Ludak Winkler</u> SIGNATURE: <u>[Signature]</u> DATE: <u>7-1-25</u> PHONE #: <u>503 778-0302</u> CERT #: _____	

OHA - Drinking Water Program - Surface Water Quality Data Form

System Name:

Hawlet Quick Stop

ID#:

94157

WTP#:

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Month/Year:

Jan 25

Date / Time	Minimum Cl ₂ Residual at 1 st User (C) ² [ppm or mg/L]	Contact Time (T) [minutes]	Actual CT C x T	Temp [°C]	pH	Required CT Use tables	CT Met? ² Yes / No	Peak Hourly Demand Flow [GPM]
1/	0.6	15	9			6		5 (Flow meter)
2/	0.6	1	9					
3/	0.6	1	9					
4/	0.6	1	9					
5/	0.6	1	9		5.4			
6/	0.6	1	9					
7/	0.6	1	9					
8/	0.6	1	9					
9/	0.6	1	9					
10/	0.6	1	9					
11/	0.6	1	9		5.4			
12/	0.6	1	9					
13/	0.6	1	9					
14/	0.6	1	9					
15/	0.6	1	9					
16/	0.6	1	9					
17/	0.6	1	9		5.4			
18/	0.6	1	9					
19/	0.6	1	9					
20/	0.6	1	9					
21/	0.6	1	9					
22/	0.6	1	9		5.4			
23/	0.5	15	7.5					
24/	0.5	15	7.5					
25/	0.5	15	7.5					
26/	0.5	15	7.5					
27/	0.5	15	7.5					
28/	0.5	15	7.5		5.4			
29/	0.5	15	7.5					
30/	0.5	15	7.5					
31/								

If Cl₂ at entry point < 0.2 mg/L, OR CT not met, notify DWP by end of next business day.

Download form at: public.health.wisc.gov/healthyenvironments/drinkingwater/monitoring/Documents/fwhr-cardrdr.pdf

Revised February 2012