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

Cartridge or Bag Filtration

System Name: Hamlet Quick Stop ID #: 9457 WTP: A Month/Year: Sept. '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	.25	
2	28	22	6		.26	
3	28	22	6		.24	
4	28	22	6		.24	
5	28	22	6		.24	
6	28	22	6		.23	
7	28	22	6		.25	
8	28	22	6		.22	
9	28	22	6		.23	
10	28	22	6		.24	
11	28	24	4		.23	
12	28	24	4		.25	
13	28	24	4		.26	
14	28	24	4		.26	
15	28	24	4		.25	
16	28	24	4		.24	
17	28	24	4		.25	
18	28	24	4		.24	
19	28	24	4		.23	
20	28	24	4		.23	
21	28	24	4		.22	
22	28	24	4		.23	
23	28	24	4		.25	
24	28	24	4		.24	
25	28	24	4		.25	
26	28	24	4		.26	
27	28	24	4		.24	
28	28	24	4		.25	
29	28	24	4		.24	
30	28	24	4		.26	
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 everyday? (see back) (Yes) No

All Cl_2 residual at entry point ≥ 0.2 mg/l? (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: Ludek Winkler

SIGNATURE: [signature] DATE: 9-30-25

PHONE #: (503) 738-0102 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: Hamlet Quick Stop ID#: 94157 WTP: A Month/Year: Sep 25

Date / Time	Minimum Cl_2 Residual at 1st 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 /	0.7	15	10.5			6		5 (Flow restricted)
2 /	0.7		10.5		7.4			
3 /	0.7		10.5					
4 /	0.7		10.5					
5 /	0.7		10.5					
6 /	0.7		10.5					
7 /	0.6		9					
8 /	0.6		9		7.4			
9 /	0.6		9					
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		7.3			
21 /	0.6		9					
22 /	0.6		9					
23 /	0.6		9					
24 /	0.6		9					
25 /	0.6		9		7.3			
26 /	0.6		9					
27 /	0.6		9					
28 /	0.6		9					
29 /	0.6		9		7.4			
30 /	0.6		9					
31 /								

[2] If Cl_2 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.org/healthyenvironments/drinkingwater/monitoring/documents/fwb-certificate.pdf