

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

System Name: Hawlet Quick Stop **ID #:** 94157 **WTP:** A **Month/Year:** Oct. 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	24	4	12	24	
2	28	24	4		25	
3	28	24	4		26	
4	28	24	4		25	
5	25	24	1		23	
6	25	24	1		24	
7	28	24	4		25	
8	28	24	4		22	
9	28	24	4		23	
10	28	24	4		26	
11	28	24	4		25	
12	28	24	4		25	
13	28	24	4		25	
14	28	24	4		24	
15	28	24	4		24	
16	28	24	4		26	
17	28	24	4		24	
18	28	24	4		23	
19	28	24	4		23	
20	25	26	2		25	
21	28	24	4		24	
22	28	24	4		23	
23	28	22	6		23	
24	28	22	6		23	
25	28	22	6		24	
26	28	22	6		25	
27	28	22	6		24	
28	28	22	6		25	
29	28	22	6		26	
30	28	22	6		25	
31	28	22	6		25	

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: <u>Ludek Winkler</u> SIGNATURE: <u>[Signature]</u> DATE: <u>10-31-25</u> PHONE #: <u>603-728-0302</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: Oct-95

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]	C X T	[°C]		Use tables	Yes / No	[GPM]
1/	0.6	15	9			6		5 (Flow restrictor)
2/	0.6		9					
3/	0.6		9		5.3			
4/	0.6		9					
5/	0.6		9					
6/	0.6		9					
7/	0.6		9					
8/	0.6		9					
9/	0.6		9					
10/	0.6		9		5.3			
11/	0.6		9					
12/	0.6		9					
13/	0.6		9					
14/	0.6		9					
15/	0.6		9					
16/	0.6		9		5.4			
17/	0.6		9					
18/	0.6		9					
19/	0.6		9					
20/	0.6		9					
21/	0.6		9					
22/	0.6		9		5.4			
23/	0.6		9					
24/	0.6		9					
25/	0.6		9					
26/	0.6		9					
27/	0.7		10.5					
28/	0.7		10.5		5.4			
29/	0.7		10.5					
30/	0.7		10.5					
31/	0.7		10.5					

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.wa.gov/healthyenvironments/drinkingwater/monitoring/Documents/dwh-cartridge.pdf