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

Cartridge or Bag Filtration

System Name: Hamlet Quick Stop ID #: 9157 WTP: A Month/Year: Nov - 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		.26	
3	28	22	6		.25	
4	28	22	6		.23	
5	28	22	6		.24	
6	28	22	6		.27	
7	28	22	6		.23	
8	28	22	6		.22	
9	28	22	6		.23	
10	28	22	6		.24	
11	28	22	6		.24	
12	28	22	6		.25	
13	28	22	6		.23	
14	28	22	6		.25	
15	28	24	4		.26	
16	28	24	4		.25	
17	28	24	4		.24	
18	28	24	4		.23	
19	28	24	4		.24	
20	28	24	4		.22	
21	28	24	4		.24	
22	28	24	4		.25	
23	28	24	4		.26	
24	28	24	4		.25	
25	28	24	4		.23	
26	28	24	4		.24	
27	28	24	4		.25	
28	28	24	4		.25	
29	28	24	4		.26	
30	28	24	4		.25	
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 Wichler

SIGNATURE: [signature] DATE: 11-30-25

PHONE #: (503) 738-0302 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: Nov. 25

Date / Time	Minimum Cl_2 Residual at 1st 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 /	0.7	15	10.5			6		5 (Flow restrictor)
2 /	0.7		10.5					
3 /	0.7		10.5					
4 /	0.7		10.5					
5 /	0.7		10.5		5.4			
6 /	0.7		10.5					
7 /	0.7		10.5					
8 /	0.7		10.5					
9 /	0.7		10.5					
10 /	0.7		10.5		5.5			
11 /	0.7		10.5					
12 /	0.7		10.5					
13 /	0.7		10.5					
14 /	0.7		10.5					
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 /	0.6		9					
28 /	0.6		9		5.3			
29 /	0.6		9					
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.gov/HealthyEnvironments/Drinking/Water/Monitoring/Documents/sub-carindop.pdf

FAX

TO:	DWS
FAX:	971-673-0458
PHONE:	
SUBJECT:	report

FROM:	Hamlet Quick Stop
FAX:	503-738-0921
PHONE:	503-738-0302
DATE:	10/30/2025

LUDEKWINKLER@HOTMAIL.COM