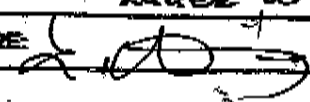


OHA - Drinking Water Program - Turbidity Monitoring Report Form County:  
 Cartridge or Bag Filtration

System Name: Hamlet Quick Stop ID #: 94157 WTP- A Month/Year: Feb. 26

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	28	24	4		.26	
6	28	24	4		.24	
7	28	24	4		.23	
8	28	24	4		.23	
9	28	24	4		.25	
10	28	24	4		.24	
11	28	24	4		.26	
12	28	24	4		.26	
13	28	24	4		.27	
14	28	24	4		.22	
15	28	24	4		.23	
16	28	24	4		.24	
17	28	24	4		.23	
18	28	24	4		.25	
19	28	24	4		.23	
20	28	24	4		.25	
21	28	24	4		.24	
22	28	24	4		.26	
23	28	24	4		.24	
24	28	24	4		.27	
25	26	22	4		.23	
26	26	22	4		.24	
27	26	22	4		.26	
28	26	22	4		.25	
29						
30						
31						

<b>Cartridge Filtration</b>		<b>Monthly Summary (Answer Yes or No)</b>	
95% of daily turbidity readings ≤ 1 NTU? All daily turbidity readings ≤ 5 NTU?	<input checked="" type="radio"/> Yes <input type="radio"/> No	CT's met everyday? (see back)	All Cl <sub>2</sub> residual at entry point ≥ 0.2 mg/l?
		<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> 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>Ludvik Winkler</u>	DATE: <u>2-28-26</u>
		SIGNATURE: 	
		PHONE #: <u>LC031728-0102</u>	CERT #:

OHA - Drinking Water Program - Surface Water Quality Data Form

System Name: Harriet Quick Stop ID#: 94157 WTP: A Month/Year: Feb. 26

Date / Time	Minimum Cl <sub>2</sub> Residual at 1 <sup>st</sup> User (C) <sup>2</sup> [ppm or mg/L]	Contact Time (T) [minutes]	Actual CT CXT	Temp [°C]	pH	Required CT Use tables	CT Met? <sup>2</sup> Yes / No	Peak Hourly Demand Flow [GPM]
1/	0.6	15	9			6		5 (Flow restrictor)
2/	0.6		9					
3/	0.6		9		5.4			
4/	0.6		9					
5/	0.6		9					
6/	0.6		9					
7/	0.6		9					
8/	0.6		9					
9/	0.6		9		5.4			
10/	0.6		9					
11/	0.6		9					
12/	0.6		9					
13/	0.6		9					
14/	0.6		9					
15/	0.6		9		5.4			
16/	0.6		9					
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/	0.7		10.5					
24/	0.7		10.5					
25/	0.7		10.5					
26/	0.7		10.5					
27/	0.7		10.5					
28/	0.7		10.5		5.5			
29/								
30/								
31/								

If Cl<sub>2</sub> 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/Regulatory/Documents/sub-cartridge.pdf](http://public.health.oregon.gov/HealthyEnvironments/DrinkingWater/Regulatory/Documents/sub-cartridge.pdf)