

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

System Name: Handjet Quick Step ID#: 94157 WTP: A Month/Year: Feb. '21

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

Cartridge Filtration		Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings ≤ 1 NTU?	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	CT's met everyday? (see back)	All Cl ₂ residual at entry point ≥ 0.2 mg/l?
All daily turbidity readings ≤ 5 NTU?	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> 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>3-1-21</u>	
		PHONE #: <u>603 1728-0102</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: Hamlet Drink Stop ID#: 94157 WTP: A Month/Year: Feb. '21

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		5.6	↓		↓
3/	0.6		9					
4/	0.6		9					
5/	0.6		9					
6/	0.6		9					
7/	0.6		9		5.6			
8/	0.6		9					
9/	0.6		9					
10/	0.6		9					
11/	0.6		9					
12/	0.6		9		5.5			
13/	0.6		9					
14/	0.6		9					
15/	0.6		9					
16/	0.6		9					
17/	0.6		9					
18/	0.6		9		5.6			
19/	0.6		9					
20/	0.6		9					
21/	0.6		9					
22/	0.6		9					
23/	0.6	9		5.6				
24/	0.6	9						
25/	0.6	9						
26/	0.7	10.5						
27/	0.7	10.5						
28/	0.7	10.5		5.7				
29/	0.6							
30/								
31/		↓				↓		↓

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.oregon.gov/HealthyEnvironments/DrinkingWater/Monitoring/Documents/turb-cartridge.pdf