

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



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

Cartridge Filtration		Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings ≤ 1 NTU? <input checked="" type="radio"/> Yes <input type="radio"/> No	All daily turbidity readings ≤ 5 NTU? <input checked="" type="radio"/> Yes <input type="radio"/> No	CT's met everyday? (see back) <input checked="" type="radio"/> Yes <input type="radio"/> No	All Cl ₂ residual at entry point ≥ 0.2 mg/l? <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>Ludete Winkler</u> SIGNATURE: <u>[Signature]</u> DATE: <u>4-1-21</u>	
		PHONE #: <u>(503) 738-0302</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: Hamlet Quik Stop ID#: 94657 WTP: A Month/Year: Mar 21

Date / Time	Minimum Cl ₂ Residual at 1 st User (C) ² [ppm or mg/L]	Contact Time (T) [minutes]	Actual CT CXT	Temp [°C]	pH	Required CT Use tables	CT Met? ² Yes / No	Peak Hourly Demand Flow [GPM]
1/	0.7	5	10.5			6		5 (Flow restricted)
2/	0.7		10.5		5.7			
3/	0.7		10.5					
4/	0.7		10.5					
5/	0.7		10.5					
6/	0.7		10.5					
7/	0.7		10.5		5.7			
8/	0.6		9					
9/	0.6		9					
10/	0.6		9					
11/	0.6		9					
12/	0.6		9		5.7			
13/	0.6		9					
14/	0.6		9					
15/	0.6		9					
16/	0.6		9					
17/	0.6		9		5.6			
18/	0.6		9					
19/	0.6		9					
20/	0.6		9					
21/	0.6		9					
22/	0.6		9		5.6			
23/	0.6		9					
24/	0.6		9					
25/	0.6		9					
26/	0.6		9					
27/	0.6		9		5.6			
28/	0.6		9					
29/	0.6		9					
30/	0.6		9					
31/	0.6		9					

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/hwb-cartridge.pdf