

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

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

Cartridge Filtration 95% of daily turbidity readings ≤ 1 NTU? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No All daily turbidity readings ≤ 5 NTU? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Monthly Summary (Answer Yes or No) CT's met everyday? (see back) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No All Cl ₂ residual at entry point ≥ 0.2 mg/l? <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>Ludok Wisler</u> SIGNATURE: <u>[Signature]</u> DATE: <u>4-30-21</u>	
		PHONE #: <u>(503) 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: Hamlet Quick Stop ID#: 94157 WTP: A Month/Year: Apr. 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/	0.7	15	10.5			6		5 (Flow restrictor)			
2/	0.6	↓	9			↓		↓			
3/	0.6		9								
4/	0.6		9		5.6						
5/	0.6		9								
6/	0.6		9								
7/	0.6		9								
8/	0.6		9								
9/	0.7		10.5		5.6						
10/	0.7		10.5								
11/	0.7		10.5								
12/	0.6		9								
13/	0.6		9								
14/	0.6		9		5.6						
15/	0.6		9								
16/	0.6		9								
17/	0.6		9								
18/	0.6		9								
19/	0.6		9		5.7						
20/	0.6		9								
21/	0.6		9								
22/	0.6		9								
23/	0.6		9								
24/	0.6		9		5.6						
25/	0.6		9								
26/	0.6		9								
27/	0.6		9								
28/	0.6		9		5.6						
29/	0.6		9								
30/	0.6		9								
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