

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

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

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) Cl's met everyday? (see back) <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No All Cl residual at entry point ≥ 0.2 mg/l? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	
	PRINTED NAME: <u>Ludek Winkler</u> SIGNATURE: <u>[Signature]</u> DATE: <u>8-1-21</u>	
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.	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.
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OHA - Drinking Water Program - Surface Water Quality Data Form

System Name: Hanlet Quick Stop ID#: 94157 WTP: A Month/Year: Jul, 21

Date / Time	Minimum Cl ₂ Residual at 1 st User (C) ² [ppm or mg/L]	Contact Time (T) [minutes]	Actual CT C X T	Temp [° C]	pH	Required CT Use tables	CT Met? ² Yes / No	Peak Hourly Demand Flow [GPM]
1/	0.7	15	10.5			6		5 (Flow restricted)
2/	0.7		10.5					
3/	0.7		10.5		5.8			
4/	0.7		10.5					
5/	0.6		9					
6/	0.6		9					
7/	0.6		9					
8/	0.6		9					
9/	0.6		9					
10/	0.6		9		5.6			
11/	0.6		9					
12/	0.6		9					
13/	0.6		9					
14/	0.6		9					
15/	0.6		9					
16/	0.6		9		5.6			
17/	0.6		9					
18/	0.6		9					
19/	0.6		9					
20/	0.5		7.5					
21/	0.5		7.5		5.5			
22/	0.5		7.5					
23/	0.5		7.5					
24/	0.5		7.5					
25/	0.5		7.5					
26/	0.5		7.5		5.5			
27/	0.5		7.5					
28/	0.5		7.5					
29/	0.5		7.5					
30/	0.5		7.5					
31/	0.5		7.5					

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