

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

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

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>Ludek Winder</u>	
	SIGNATURE: <u>[Signature]</u>	
	PHONE #: <u>(503) 738-0302</u>	
		DATE: <u>9-1-21</u>
		CERT #:

OHA - Drinking Water Program - Surface Water Quality Data Form

System Name: Hamlet Quick Stop ID#: 94157 WTP: A Month/Year: Aug '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]	CXT	[°C]		Use tables	Yes / No	[GPM]			
1/	0.5	15	7.5			6		5 (Flow restricted)			
2/	0.5		7.5		5.3						
3/	0.5		7.5								
4/	0.5		7.5								
5/	0.6		9								
6/	0.6		9		5.4						
7/	0.6		9								
8/	0.6		9								
9/	0.6		9								
10/	0.6		9								
11/	0.6		9		5.4						
12/	0.6		9								
13/	0.6		9								
14/	0.6		9								
15/	0.7		10.5								
16/	0.7		10.5								
17/	0.7		10.5								
18/	0.7		10.5		5.5						
19/	0.7		10.5								
20/	0.7		10.5								
21/	0.7		10.5								
22/	0.7		10.5								
23/	0.7		10.5		5.5						
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		5.6						
29/	0.7		10.5								
30/	0.7		10.5								
31/	0.7		✓	10.5						✓	✓

² 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/sub-cartridge.pdf