

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

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

Cartridge Filtration		Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings ≤ 5 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	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>Ludate Winkler</u>	DATE: <u>11-1-21</u>
		SIGNATURE: <u>[Signature]</u>	
		PHONE #: <u>LC031728-0302</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: Oct 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/	0.6	15	9			6		5 (Flow restricted)
2/	0.6		9		5.4			
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/	0.7		10.5					
10/	0.7		10.5					
11/	0.7		10.5					
12/	0.7		10.5		5.6			
13/	0.7		10.5					
14/	0.7		10.5					
15/	0.7		10.5					
16/	0.7		10.5					
17/	0.6		9					
18/	0.6		9		5.7			
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/	0.6		9					
27/	0.6		9					
28/	0.6		9		5.5			
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/turb-cartridge.pdf