

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

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

<b>Cartridge Filtration</b>		<b>Monthly Summary (Answer Yes or No)</b>	
95% of daily turbidity readings ≤ 1 NTU? All daily turbidity readings ≤ 5 NTU?	<input checked="" type="radio"/> Yes / <input type="radio"/> No <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 <sub>2</sub> 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>Ludak Winkler</u>	DATE: <u>11-30-21</u>
		SIGNATURE: <u>[Signature]</u>	CERT #:
		PHONE #: <u>(503) 738-0302</u>	

OHA - Drinking Water Program -- Surface Water Quality Data Form

System Name: Hamlet Quick Stop ID#: 94157 WTP: A Month/Year: Nov. '21

Date / Time	Minimum Cl <sub>2</sub> Residual at 1 <sup>st</sup> User (C) <sup>2</sup>	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? <sup>2</sup>	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	CXT	[°C]		Use tables	Yes / No	[GPM]
11	0.6	15	9			6		5 (Flow restrictor)
21	0.6	↓	9		5.5	↓		↓
31	0.6	↓	9			↓		↓
41	0.6	↓	9			↓		↓
51	0.6	↓	9			↓		↓
61	0.6	↓	9			↓		↓
71	0.6	↓	9			↓		↓
81	0.6	↓	9		5.5	↓		↓
91	0.6	↓	9			↓		↓
101	0.6	↓	9			↓		↓
111	0.6	↓	9			↓		↓
121	0.6	↓	9			↓		↓
131	0.6	↓	9			↓		↓
141	0.6	↓	9		5.5	↓		↓
151	0.6	↓	9			↓		↓
161	0.6	↓	9			↓		↓
171	0.6	↓	9			↓		↓
181	0.6	↓	9			↓		↓
191	0.6	↓	9		5.5	↓		↓
201	0.6	↓	9			↓		↓
211	0.6	↓	9			↓		↓
221	0.6	↓	9			↓		↓
231	0.6	↓	9			↓		↓
241	0.6	↓	9		5.5	↓		↓
251	0.6	↓	9			↓		↓
261	0.6	↓	9			↓		↓
271	0.6	↓	9			↓		↓
281	0.7	↓	10.5			↓		↓
291	0.7	↓	10.5		5.6	↓		↓
301	0.7	↓	10.5			↓		↓
311		↓				↓		↓

If Cl<sub>2</sub> 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](http://public.health.oregon.gov/HealthyEnvironments/DrinkingWater/Monitoring/Documents/turb-cartridge.pdf)