

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

System Name: Hamlet Quick Step ID #: 94157 WTP: A Month/Year: Jan, 22

DAY	PSI Before Filter	PSI After Filter	PSID	PSID When to Change Filter	Daily Turbidity Reading (NTU)	Highest Reading of the Day (NTU)
1	29	20	6	12	.23	
2	26	20	6		.24	
3	26	20	6		.23	
4	26	20	6		.25	
5	26	20	6		.25	
6	26	20	6		.26	
7	26	20	6		.24	
8	25	20	6		.25	
9	26	20	6		.23	
10	28	20	6		.24	
11	28	22	6		.24	
12	28	22	6		.25	
13	28	22	6		.23	
14	28	22	6		.26	
15	28	22	6		.25	
16	28	22	6		.23	
17	28	22	6		.24	
18	28	22	6		.22	
19	28	22	6		.23	
20	28	22	6		.25	
21	28	22	6		.23	
22	28	22	6		.22	
23	28	22	6		.24	
24	28	22	6		.24	
25	28	22	6		.25	
26	28	22	6		.26	
27	28	22	6		.24	
28	28	22	6		.22	
29	28	22	6		.23	
30	28	22	6		.22	
31	28	22	6		.24	

Cartridge Filtration		Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings ≤ 1 NTU? <input checked="" type="radio"/> Yes <input type="radio"/> No	All daily turbidity readings ≤ 5 NTU? <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 ₂ 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>1-31-22</u>
		PHONE #: <u>(503) 738-0302</u>	CERT #:

OHA - Drinking Water Program - Surface Water Quality Data Form

System Name: Hamlet Drink Stop ID#: 94157 WTP: A Month/Year: Jan '22

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 restrictor)
2/	0.7		10.5					
3/	0.7		10.5		5.5			
4/	0.7		10.5					
5/	0.7		10.5					
6/	0.7		10.5					
7/	0.7		10.5		5.5			
8/	0.7		10.5					
9/	0.6		9					
10/	0.6		9					
11/	0.6		9					
12/	0.6		9					
13/	0.6		9		5.6			
14/	0.6		9					
15/	0.6		9					
16/	0.6		9					
17/	0.6		9					
18/	0.6		9					
19/	0.6		9		5.6			
20/	0.6		9					
21/	0.6		9					
22/	0.6		9					
23/	0.6		9					
24/	0.6		9					
25/	0.6		9		5.6			
26/	0.6		9					
27/	0.6		9					
28/	0.6		9					
29/	0.6		9		5.6			
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.ontario.ca/Health/Environments/DrinkingWater/Monitoring/Documents/turb-cartridge.pdf