

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

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

Cartridge Filtration		Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings ≤ 5 NTU?	Yes/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 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>Ludek Wisniewski</u> SIGNATURE: <u>[Signature]</u> DATE: <u>5-1-22</u>	PHONE #: <u>(503) 728-0102</u> CERT #:

OHA - Drinking Water Program - Surface Water Quality Data Form

System Name: Hamlet Quirk Gop ID#: 174157 WTP: A Month/Year: Apr-22

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/	0.7	15	10.5			6		5 (Flow restrictor)
2/	0.7		10.5					
3/	0.7		10.5					
4/	0.7		10.5		5.7			
5/	0.7		10.5					
6/	0.7		10.5					
7/	0.6		9					
8/	0.6		9					
9/	0.6		9					
10/	0.6		9		5.7			
11/	0.6		9					
12/	0.6		9					
13/	0.6		9					
14/	0.6		9					
15/	0.6		9					
16/	0.6		9					
17/	0.6		9		5.7			
18/	0.6		9					
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					
29/	0.6		9		5.6			
30/	0.6		9					
31/			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.ohio.gov/healthyenvironments/DrinkingWater/Monitoring/Documents/turb-cartridge.pdf