

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

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

<b>Cartridge Filtration</b>  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	<b>Monthly Summary (Answer Yes or No)</b>  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 PSI = 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>6-30-22</u>  PHONE #: <u>(503) 738-0302</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.  
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# OHA - Drinking Water Program - Surface Water Quality Data Form

System Name: **Hamlet Quick Stop**

ID#: **94157**

WTP: **A**

Month/Year: **Jun 22**

Date / Time	Minimum Cl <sub>2</sub> Residual at 1 <sup>st</sup> User (C) <sup>2</sup> [ppm or mg/L]	Contact Time (T) [minutes]	Actual CT CXT	Temp [°C]	pH	Required CT	CT Met? <sup>2</sup>	Peak Hourly Demand Flow
						Use tables	Yes / No	[GPM]
						6		5 (Flow restricted)
11	0.7	15	10.5					
21	0.7		10.5		5.7			
31	0.7		10.5					
41	0.7		10.5					
51	0.7		10.5					
61	0.7		10.5					
71	0.7		10.5					
81	0.7		10.5		5.7			
91	0.7		10.5					
101	0.6		9					
111	0.7		10.5					
121	0.7		10.5					
131	0.7		10.5					
141	0.7		10.5		5.6			
151	0.7		10.5					
161	0.7		10.5					
171	0.7		10.5					
181	0.7		10.5					
191	0.7		10.5					
201	0.6		9		5.7			
211	0.6		9					
221	0.6		9					
231	0.6		9					
241	0.7		10.5					
251	0.7		10.5		5.6			
261	0.7		10.5					
271	0.6		9					
281	0.6		9					
291	0.6		9		5.7			
301	0.6		9					
311								

If Cl<sub>2</sub> at entry point < 0.2 mg/L, OR CT not met, notify DWP by e-mail of next business day. Revised February 2012  
 Download form at: [public.health.ny.gov/healthyenvironments/drinkingwater/monitoring/documents/furb-csr0106.pdf](http://public.health.ny.gov/healthyenvironments/drinkingwater/monitoring/documents/furb-csr0106.pdf)