

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

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

Monthly Summary (Answer Yes or No)

Cartridge Filtration 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> SIGNATURE: <u>[Signature]</u> PHONE: <u>(503) 738-0302</u>	DATE: <u>10-1-22</u> CERT #:

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

System Name: Hawket Quick Stop ID#: 94157 WTP: A Month/Year: Sep '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 restricted)				
2/	0.7	↓	10.5			↓		↓				
3/	0.7		10.5									
4/	0.7		10.5	5.7								
5/	0.7		10.5									
6/	0.6		9									
7/	0.6		9									
8/	0.6		9									
9/	0.6		9									
10/	0.6		9	5.6								
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	5.6								
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/			↓							↓		↓

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/urb-cartbls.pdf