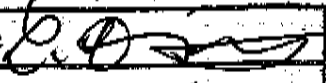


**OHA - Drinking Water Program - Turbidity Monitoring Report Form County:
Cartridge or Bag Filtration**

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

Cartridge Filtration		Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings ≤ 1 NTU? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	All daily turbidity readings ≤ 5 NTU? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	CT's met everyday? (see back) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	All Cl ₂ residual at entry point ≥ 0.2 mg/l? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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>11-1-22</u>
		SIGNATURE: 	CERT #:
		PHONE #: <u>LC031738-0102</u>	

Including continuous turbidity data, if applicable, for optimization recording purposes. Compliance values in "Daily Turbidity Reading" Column may not correspond to continuous readings' maximum.

OHA - Drinking Water Program - Surface Water Quality Data Form

System Name: Hamlet Quick Stop ID#: 94157 WTP: A Month/Year: Oct-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/	0.6	15	9			6		5 (Flow restrictor)
2/	0.6		9					
3/	0.6		9					
4/	0.6		9					
5/	0.6		9					
6/	0.6		9					
7/	0.6		9					
8/	0.6		9					
9/	0.6		9					
10/	0.6		9					
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					
18/	0.6		9					
19/	0.6		9					
20/	0.6		9					
21/	0.6		9					
22/	0.6		9					
23/	0.7		10.5					
24/	0.7		10.5					
25/	0.7		10.5					
26/	0.7		10.5					
27/	0.7		10.5					
28/	0.7		10.5					
29/	0.7		10.5					
30/	0.7		10.5					
31/	0.7	✓	10.5			✓		✓

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/sub-cartridge.pdf