

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

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

Monthly Summary (Answer Yes or No)

<p>Cartridge Filtration</p> <p>95% of daily turbidity readings \leq 1 NTU? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>All daily turbidity readings \leq 5 NTU? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>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</p>	<p>CT's met everyday? (see back) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>All Cl₂ residual at entry point \geq 0.2 mg/l? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>PRINTED NAME: <u>Ludek Wisniewski</u></p> <p>SIGNATURE: <u>[Signature]</u></p> <p>PHONE #: <u>603 728-0102</u></p>	<p>DATE: <u>12-1-22</u></p> <p>CERT #:</p>

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: **Hawlet Quick Stop**

ID #: **94157**

WTP: **A**

Month/Year: **Nov. 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/	2.7	15	10.5			6		5 (Flow meter)
2/	0.7	↓	10.5		5.7	↓		↓
3/	0.7	↓	10.5			↓		↓
4/	0.7	↓	10.5			↓		↓
5/	0.7	↓	10.5			↓		↓
6/	0.6	↓	9			↓		↓
7/	0.6	↓	9		5.7	↓		↓
8/	0.6	↓	9			↓		↓
9/	0.6	↓	9			↓		↓
10/	0.6	↓	9			↓		↓
11/	0.6	↓	9			↓		↓
12/	0.6	↓	9		5.6	↓		↓
13/	0.6	↓	9			↓		↓
14/	0.6	↓	9			↓		↓
15/	0.6	↓	9			↓		↓
16/	0.6	↓	9			↓		↓
17/	0.6	↓	9		5.4	↓		↓
18/	0.6	↓	9			↓		↓
19/	0.6	↓	9			↓		↓
20/	0.6	↓	9			↓		↓
21/	0.6	↓	9			↓		↓
22/	0.6	↓	9		5.6	↓		↓
23/	0.6	↓	9			↓		↓
24/	0.6	↓	9			↓		↓
25/	0.6	↓	9			↓		↓
26/	0.6	↓	9			↓		↓
27/	0.7	↓	10.5			↓		↓
28/	0.7	↓	10.5		5.7	↓		↓
29/	0.7	↓	10.5			↓		↓
30/	0.7	↓	10.5			↓		↓
31/		↓				↓		↓

² 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/hwb-car11dca.pdf