

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

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

<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> Cl'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 PSED = 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 Winkler</u> SIGNATURE: <u>[Signature]</u> DATE: <u>1-1-23</u>	
		PHONE #: <u>(603) 738-0102</u> CERT #: _____	

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

System Name: Hemlet Quik Stop ID# 94157 WTP: A Month/Year: Dec '22

Date / Time	Minimum Cl <sub>2</sub> Residual at 1 <sup>st</sup> User (C) <sup>2</sup>	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? <sup>2</sup>	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	CXT	[°C]		Use tables	Yes / No	[GPM]
1/	0.7	15	10.5		5.7	6		5 (Flow restrictor)
2/	0.7		10.5					
3/	0.7		10.5					
4/	0.7		10.5					
5/	0.7		10.5					
6/	0.7		10.5					
7/	0.7		10.5		5.7			
8/	0.7		10.5					
9/	0.7		10.5					
10/	0.7		10.5					
11/	0.7		10.5					
12/	0.7		10.5					
13/	0.7		10.5		5.7			
14/	0.7		10.5					
15/	0.7		10.5					
16/	0.7		10.5					
17/	0.7		10.5					
18/	0.7		10.5		5.6			
19/	0.6		9					
20/	0.6		9					
21/	0.6		9					
22/	0.6		9					
23/	0.6		9					
24/	0.6		9		5.6			
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/	0.6		9					

<sup>2</sup> If Cl<sub>2</sub> 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/Forms/Forms/Documents/sub-cartridge.pdf](http://public.health.oregon.gov/healthyEnvironments/DrinkingWater/Forms/Forms/Documents/sub-cartridge.pdf)