

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

System Name: Handy Quick Stop ID #: 91157 WTP: A Month/Year: Apr. 23

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

Cartridge Filtration		Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings \leq 1 NTU? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	All daily turbidity readings \leq 5 NTU? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	CF's met everyday? (see back) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	All Cl ₂ residual at entry point \geq 0.2 mg/L? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<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>		PRINTED NAME: <u>Ludak Wisler</u>	DATE: <u>4-1-23</u>
		SIGNATURE: <u>[Signature]</u>	
		PHONE #: <u>(503) 738-0102</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.

OHA - Drinking Water Program - Surface Water Quality Data Form

System Name: Hawket Quick Stop ID#: 94457 WTP: A Month/Year: Apr. '23

Date / Time	Minimum Cl ₂ Residual at 1 st User (C) ² [ppm or mg/L]	Contact Time (T) [minutes]	Actual CT CXT	Temp [°C]	pH	Required CT Use tables	CT Met? ² Yes / No	Peak Hourly Demand Flow [GPM]
1/	0.6	15	9			6		5 (Flow restricted)
2/	0.6		9					
3/	0.6		9					
4/	0.6		9					
5/	0.6		9		5.7			
6/	0.6		9					
7/	0.6		9					
8/	0.6		9					
9/	0.6		9					
10/	0.6		9					
11/	0.6		9		5.7			
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		5.7			
24/	0.6		9					
25/	0.6		9					
26/	0.6		9					
27/	0.6		9					
28/	0.6		9		5.6			
29/	0.6		9					
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.wa.gov/healthyEnvironments/DrinkingWater/Monitoring/Documents/pub-cardrws.pdf