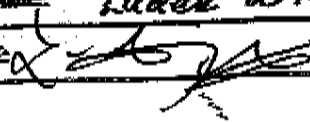


OHA - Drinking Water Program - Turbidity Monitoring Report Form County:
Cartridge or Bag Filtration

System Name: Handet Quick Stop ID #: 94157 WTP: A Month/Year: _____

DAY	PSI Before Filter	PSI After Filter	PSID	PSID When to Change Filter	Daily Turbidity Reading (NTU)	Highest Reading of the Day (NTU)
1	22	22	4	12	.24	
2	22	22	4		.25	
3	26	22	4		.24	
4	26	22	4		.26	
5	26	22	4		.25	
6	26	22	4		.24	
7	26	22	4		.24	
8	26	22	4		.26	
9	26	22	4		.25	
10	28	24	4		.23	
11	28	24	4		.22	
12	28	24	4		.24	
13	28	24	4		.25	
14	28	24	4		.22	
15	28	24	4		.23	
16	28	24	4		.26	
17	28	24	4		.25	
18	28	24	4		.24	
19	28	26	2		.25	
20	28	26	2		.23	
21	28	26	2		.22	
22	28	26	2		.25	
23	28	26	2		.24	
24	28	26	2		.25	
25	28	26	2		.26	
26	28	26	2		.24	
27	28	26	2		.23	
28	28	26	2		.25	
29	28	26	2		.25	
30	28	26	2		.24	
31						

Cartridge Filtration 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	Monthly Summary (Answer Yes or 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>7-1-23</u>	
	SIGNATURE: 	PHONE #: <u>(603) 738-0302</u>	CERT #: _____

OHA - Drinking Water Program - Surface Water Quality Data Form

System Name: Harriet Quick Stop ID#: 94157 WTP: A Month/Year: Jan '23

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]
1/1	0.6	15	9			6		5 (Flow restricted)
2/1	0.6		9					
3/1	0.6		9		5.7			
4/1	0.6		9					
5/1	0.6		9					
6/1	0.6		9					
7/1	0.6		9					
8/1	0.6		9		5.6			
9/1	0.6		9					
10/1	0.6		9					
11/1	0.6		9					
12/1	0.6		9					
13/1	0.5		7.5		5.4			
14/1	0.5		7.5					
15/1	0.5		7.5					
16/1	0.5		7.5					
17/1	0.4		6					
18/1	0.4		6		4.9			
19/1	0.4		6					
20/1	0.4		6					
21/1	0.4		6					
22/1	0.4		6		5.4			
23/1	0.6		9					
24/1	0.6		9					
25/1	0.7		10.5					
26/1	0.7		10.5					
27/1	0.7		10.5					
28/1	0.7		10.5		5.7			
29/1	0.7		10.5					
30/1	0.7		10.5					
31/1		✓				✓		✓

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