

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



System Name: Hanlet Quick Stop ID #: 91157 WTP: A Month/Year: Sep - '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	26	20	6	12	24	
2	26	20	6		24	
3	26	20	6		26	
4	26	20	6		24	
5	26	20	6		25	
6	26	20	6		23	
7	26	20	6		24	
8	26	20	6		25	
9	26	20	6		22	
10	26	20	6		25	
11	26	20	6		23	
12	26	20	6		26	
13	26	20	6		24	
14	26	20	6		25	
15	26	20	6		22	
16	26	20	6		23	
17	26	20	6		24	
18	26	20	6		24	
19	26	20	6		24	
20	26	20	6		25	
21	26	20	6		26	
22	26	20	6		23	
23	26	20	6		25	
24	26	20	6		23	
25	26	20	6		22	
26	26	20	6		23	
27	28	20	8		24	
28	28	24	4		25	
29	28	24	4		25	
30	28	24	4		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
	PRINTED NAME: <u>Luddek Winkler</u>		DATE: <u>9-30-23</u>
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.		SIGNATURE: <u>[Signature]</u>	PHONE #: <u>(503) 738-0102</u>
		CERT #:	

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

System Name: Hawlet Quick Stop ID#: 94157 WTP: A Month/Year: Sep '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/	0.6	15	9			6		5 (Flow restrictor)
2/	0.6		9		5.7			
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		5.7			
10/	0.6		9					
11/	0.6		9					
12/	0.6		9					
13/	0.6		9					
14/	0.6		9					
15/	0.6		9		5.7			
16/	0.6		9					
17/	0.6		9					
18/	0.6		9					
19/	0.6		9					
20/	0.6		9					
21/	0.6		9		5.6			
22/	0.7		10.5					
23/	0.7		10.5					
24/	0.7		10.5					
25/	0.7		10.5					
26/	0.7		10.5		5.6			
27/	0.7		10.5					
28/	0.7		10.5					
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/sub-cartridge.pdf