

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

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

<b>Cartridge Filtration</b>  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  Notes: PSI = pounds per square inch PSD = pounds per square inch difference (before filter - after filter) PSD When to Change Filter = Manufacturer's recommendation; may need to look in manual for manufacturer's specifications when to change the filter, at what PSD.	<b>Monthly Summary (Answer Yes or No)</b>  CT's met everyday? (see back) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No All Cl <sub>2</sub> residual at entry point ≥ 0.2 mg/l? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	PRINTED NAME: <u>Ludek Wisniewski</u> SIGNATURE: <u>[Signature]</u> DATE: <u>1-11-23</u>  PHONE #: <u>(503) 728-0102</u> CERT #:	

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

System Name: Hawlet Quick Stop ID#: 94157 WTP: A Month/Year: 10-23

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
	[µm or mg/L]	[minutes]	CXT	[°C]		Use tables	Yes / No	[GPM]
11	0.7	15	10.5			6		5 (Flow Restrictor)
21	0.7		10.5					
31	0.7		10.5					
41	0.7		10.5		7.6			
51	0.7		10.5					
61	0.7		10.5					
71	0.7		10.5					
81	0.7		10.5					
91	0.6		9					
101	0.6		9					
111	0.6		9		7.6			
121	0.6		9					
131	0.6		9					
141	0.6		9					
151	0.6		9					
161	0.6		9		7.6			
171	0.6		9					
181	0.6		9					
191	0.6		9					
201	0.6		9					
211	0.6		9		7.7			
221	0.6		9					
231	0.6		9					
241	0.6		9					
251	0.6		9		7.7			
261	0.6		9					
271	0.7		10.5					
281	0.7		10.5					
291	0.7		10.5					
301	0.7		10.5		7.6			
311	0.7	✓	10.5			✓		✓

<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/Monitoring/Documents/whb-cartridge.pdf](http://public.health.oregon.gov/HealthyEnvironments/DrinkingWater/Monitoring/Documents/whb-cartridge.pdf)