

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

System Name: Hamlet Quick Stop ID: 94157 WTP: A Month/Year: Jan. '24

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

Monthly Summary (Answer Yes or No)

Cartridge Filtration 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	CT'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
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>Ludek Wisler</u> SIGNATURE: <u>[Signature]</u> DATE: <u>2-1-24</u>	
	PHONE #: <u>(503) 738-0302</u>	CERT #: _____

OHA - Drinking Water Program - Surface Water Quality Data Form

System Name: **Harlet Quick Stop**

ID#: **94157**

WTP: **A**

Month/Year: **Jan '24**

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]
		15	10.5			6		5 (Flow restrictor)
1/	0.7		10.5					
2/	0.7		10.5		5.7			
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					
8/	0.6		9					
9/	0.6		9		5.6			
10/	0.6		9					
11/	0.6		9					
12/	0.6		9					
13/	0.6		9					
14/	0.6		9					
15/	0.6		9		5.6			
16/	0.6		9					
17/	0.6		9					
18/	0.6		9					
19/	0.7		10.5					
20/	0.7		10.5					
21/	0.7		10.5		5.7			
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					
27/	0.7		10.5					
28/	0.6		9		5.6			
29/	0.6		9					
30/	0.6		9					
31/	0.6		9					

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
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