

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

System Name: **NEHÅLEM, CITY OF** ID #: **OR4100554** WTP: **WTP-A** Month/Year: **Jan/21**

DAY	PSI Before Filter	PSI After Filter	PSID	PSID When to Change Filter	Daily Turbidity Reading [NTU]	Highest Reading of the Day ¹ [NTU]
1						off
2	60	56	5	20	.08	.12
3						off
4	60	55	5	20	.11	.15
5	60	55	5	20	.10	.13
6						off
7	60	55	5	20	.09	.13
8						off
9	60	55	5	20	.09	.12
10						off
11	60	55	5	20	.10	.14
12						off
13						off
14	60	55	5	20	.09	.15
15						off
16	60	55	5	20	.08	.12
17						off
18	60	54	6	20	.07	.11
19						off
20	60	54	6	20	.08	.12
21						off
22	60	54	6	20	.07	.11
23						off
24	60	54	6	20	.08	.13
25						off
26	60	54	6	20	.10	.15
27						off
28	60	53	7	20	.11	.16
29						off
30	60	53	7	20	.09	.14
31						off

<p>Cartridge Filtration</p> <p>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</p> <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>	<p style="text-align: center;">Monthly Summary (Answer Yes or No)</p> <p>CT's met everyday? (see back) <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No</p> <p>All Cl₂ residual at entry point ≥ 0.2 mg/l? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No</p> <hr/> <p>PRINTED NAME: <u>Don Davidson</u></p> <p>SIGNATURE: <u>Don Davidson</u> DATE: <u>02/01/21</u></p> <hr/> <p>PHONE #: <u>503 368-5155</u> CERT #: <u>3113</u></p>
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¹ 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

NEHALEM, CITY OF ID #: OR4100554 WTP:- WTP-A Month/Year:

Jan/21

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]	C X T	[° C]		Use tables	Yes / No	[GPM]
1800	off							
2800	.6	480	288	10	8.4	59	Yes	313
3800	off							
4800	.4	432	172	10	8.3	52	Yes	347
5800	.5	432	216	10	8.4	53	Yes	347
6800	off							
7800	.4	540	216	10	8.3	52	Yes	278
8800	off							
9800	.5	540	270	10	8.4	53	Yes	278
10800	off							
11800	.4	432	172	10	8.5	56	Yes	347
12800	off							
13800	off							
14800	.5	432	216	10	8.4	53	Yes	347
15800	off							
16800	.5	432	216	10	8.2	54	Yes	347
17800	off							
18800	.6	432	259	10	8.4	59	Yes	347
19800	off							
20800	.5	540	270	10	8.3	52	Yes	278
21800	off							
22800	.5	480	240	10	8.3	55	Yes	313
23800	off							
24800	.4	360	144	10	8.4	52	Yes	417
25800	off							
26800	.5	540	270	10	8.3	52	Yes	278
27800	off							
28800	.4	480	192	9	8.2	50	Yes	313
29800	off							
30800	.5	480	240	9	8.3	59	Yes	313
31800	off							

² If Cl₂ at entry point < 0.2 mg/l, OR CT not met, notify DWP by end of next business day.
 Download form at: www.public.health.oregon.gov/HealthyEnvironments/DrinkingWater/Monitoring/Documents/turb-cartridge.pdf