

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

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

Feb/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 | 60 | 53 | 7 | 20 | .14 | .18 |
| 2 | | | | | | off |
| 3 | 60 | 53 | 7 | 20 | .12 | .16 |
| 4 | | | | | | off |
| 5 | 60 | 53 | 7 | 20 | .11 | .15 |
| 6 | | | | | | off |
| 7 | 60 | 53 | 7 | 20 | .10 | .13 |
| 8 | | | | | | off |
| 9 | 60 | 53 | 7 | 20 | .09 | .11 |
| 10 | | | | | | off |
| 11 | 60 | 53 | 7 | 20 | .09 | .13 |
| 12 | | | | | | off |
| 13 | 60 | 53 | 7 | 20 | .07 | .4 |
| 14 | 60 | 53 | 7 | 20 | .08 | .10 |
| 15 | | | | | | off |
| 16 | 60 | 52 | 8 | 20 | .09 | .13 |
| 17 | | | | | | off |
| 18 | 60 | 52 | 8 | 20 | .08 | .13 |
| 19 | | | | | | off |
| 20 | 60 | 52 | 8 | 20 | .09 | .12 |
| 21 | | | | | | off |
| 22 | 60 | 52 | 8 | 20 | .11 | .15 |
| 23 | | | | | | off |
| 24 | 60 | 52 | 8 | 20 | .10 | .13 |
| 25 | | | | | | off |
| 26 | 60 | 52 | 8 | 20 | .09 | .13 |
| 27 | | | | | | off |
| 28 | 60 | 52 | 8 | 20 | .11 | .14 |
| 29 | | | | | | |
| 30 | | | | | | |
| 31 | | | | | | |

| | |
|---|---|
| <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 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> |
| <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>PRINTED NAME: Don Davidson</p> <p>SIGNATURE: <i>Don Davidson</i></p> <p>PHONE #: (503) 348-5155</p> <p>DATE: 3/2/21</p> <p>CERT #: 3/13</p> |

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: *Feb/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] |
| 18:00 | .4 | 432 | 172 | 9 | 8.4 | 61 | Yes | 347 |
| 28:00 | off | | | | | | | |
| 38:00 | .4 | 480 | 192 | 9 | 8.3 | 59 | Yes | 313 |
| 48:00 | off | | | | | | | |
| 58:00 | .3 | 540 | 162 | 9 | 8.4 | 61 | Yes | 278 |
| 68:00 | off | | | | | | | |
| 78:00 | .4 | 480 | 192 | 9 | 8.3 | 59 | Yes | 313 |
| 88:00 | off | | | | | | | |
| 98:00 | .4 | 480 | 192 | 9 | 8.2 | 57 | Yes | 313 |
| 108:00 | off | | | | | | | |
| 118:00 | .3 | 480 | 144 | 9 | 8.3 | 59 | Yes | 313 |
| 128:00 | off | | | | | | | |
| 138:00 | .4 | 540 | 216 | 9 | 8.4 | 61 | Yes | 278 |
| 148:00 | .5 | 480 | 240 | 9 | 8.5 | 63 | Yes | 313 |
| 158:00 | off | | | | | | | |
| 168:00 | .4 | 480 | 192 | 9 | 8.4 | 61 | Yes | 313 |
| 178:00 | off | | | | | | | |
| 188:00 | .5 | 540 | 270 | 9 | 8.3 | 59 | Yes | 278 |
| 198:00 | off | | | | | | | |
| 208:00 | .4 | 480 | 192 | 9 | 8.4 | 61 | Yes | 313 |
| 218:00 | off | | | | | | | |
| 228:00 | .4 | 432 | 172 | 9 | 8.3 | 59 | Yes | 347 |
| 238:00 | off | | | | | | | |
| 248:00 | .3 | 480 | 144 | 9 | 8.4 | 61 | Yes | 313 |
| 258:00 | off | | | | | | | |
| 268:00 | .4 | 309 | 123 | 9 | 8.5 | 63 | Yes | 486 |
| 278:00 | off | | | | | | | |
| 288:00 | .5 | 480 | 240 | 9 | 8.4 | 61 | Yes | 313 |
| 29 / | | | | | | | | |
| 30 / | | | | | | | | |
| 31 / | | | | | | | | |

² If Cl₂ at entry point < 0.2 mg/l, OR CT not met, notify DWP by end of next business day.