

OHA - Drinking Water Program – Surface Water Quality Data Form

NEHALEM, CITY OF ID #: OR4100554 WTP-: WTP-A Month/Year: *March/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	.4	393	157	10	8.2	59.54	Yes	382
3800	off							
4800	.3	480	144	10	8.3	55	Yes	313
5800	off							
6800	.5	480	240	10	8.4	57	Yes	313
7800	off							
8800	.4	480	192	10	8.3	55	Yes	313
9800	off							
10800	.3	480	144	10	8.4	57	Yes	313
11800	off							
12800	.4	540	216	10	8.5	59	Yes	278
13800	off							
14800	.4	480	192	10	8.5	59	Yes	313
15800	off							
16800	.5	480	240	10	8.4	57	Yes	313
17800	off							
18800	.4	540	216	10	8.3	55	Yes	278
19800	off							
20800	.4	540	216	10	8.4	57	Yes	278
21800	off							
22800	.5	432	216	10	8.3	56	Yes	347
23800	off							
24800	.4	432	172	10	8.4	57	Yes	347
25800	off							
26800	.5	432	216	10	8.4	57	Yes	347
27800	off							
28800	.4	432	172	10	8.4	57	Yes	347
29800	off							
30800	.3	480	144	10	8.3	55	Yes	313
311								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