

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: **April/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	51	9	20	.08	.12
2						off
3	60	51	9	20	.08	.11
4						off
5	60	51	9	20	.09	.14
6						off
7	60	51	9	20	.08	.13
8						off
9	60	51	9	20	.08	.12
10						off
11	60	53	9	20	.07	.12
12	60	51	9	20	.07	.11
13	60	51	9	20	.08	.13
14						off
15	60	50	10	20	.09	.12
16						off
17	60	50	10	20	.08	.11
18	60	50	10	20	.07	.10
19	60	50	10	20	.08	.12
20	60	50	10	20	.07	.11
21						off
22	60	50	10	20	.06	.10
23						off
24	60	50	10	20	.06	.10
25						off
26	60	50	10	20	.07	.12
27						off
28	60	50	10	20	.08	.12
29						off
30	60	50	10	20	.08	.12
31						

Cartridge Filtration	Monthly Summary (Answer Yes or No)	
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	CT's met everyday? (see back) <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	All Cl ₂ residual at entry point ≥ 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: Don Davidson	
	SIGNATURE: <i>Don Davidson</i>	DATE: 5/3/21
	PHONE #: ()	CERT #: 3/13

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:

April/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]
1 8:00	.4	480	192	10	8.4	57	Yes	313
2 8:00	off							
3 8:00	.4	393	157	10	8.5	59	Yes	382
4 8:00	off							
5 8:00	.5	432	216	10	8.5	59	Yes	347
6 8:00	off							
7 8:00	.4	393	157	10	8.4	57	Yes	382
8 8:00	off							
9 8:00	.3	393	118	10	8.6	61	Yes	382
10 8:00	off							
11 8:00	.4	393	157	10	8.5	59	Yes	382
12 8:00	.5	288	144	10	8.4	57	Yes	521
13 8:00	.5	332	166	10	8.3	57	Yes	451
14 8:00	off							
15 8:00	.6	309	185	10	8.5	61	Yes	486
16 8:00	off							
17 8:00	.5	270	135	10	8.5	61	Yes	556
18 8:00	.6	254	152	10	8.5	61	Yes	590
19 8:00	.5	254	127	11	8.4	53	Yes	590
20 8:00	.6	393	235	11	8.3	53	Yes	382
21 8:00	off							
22 8:00	.5	393	196	11	8.4	53	Yes	382
23 8:00	off							
24 8:00	.4	393	157	11	8.5	55	Yes	382
25 8:00	off							
26 8:00	.5	393	196	11	8.3	52	Yes	382
27 8:00	off							
28 8:00	.5	393	196	11	8.4	53	Yes	382
29 8:00	off							
30 8:00	.6	393	235	11	8.3	53	Yes	382
31 /								

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