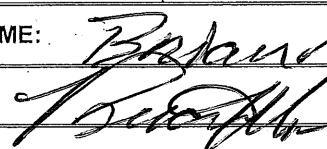


OHA - Drinking Water Program – Turbidity Monitoring Report Form County: Tillamook Cartridge or Bag Filtration

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

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	50	10	20	.09	.14
3						off
4	60	50	10	20	.10	.16
5						off
6	60	50	10	20	.09	.14
7						off
8	60	50	10	20	.07	.10
9						off
10	60	49	11	20	.08	.11
11						off
12	60	49	11	20	.07	.11
13						off
14	60	49	11	20	.08	.12
15						off
16	60	49	11	20	.08	.12
17	60	49	11	20	.07	.13
18						off
19	60	49	11	20	.08	.14
20						off
21	60	49	11	20	.06	.11
22						off
23	60	49	11	20	.07	.11
24						off
25	60	49	11	20	.09	.14
26						off
27	60	49	11	20	.09	.13
28						off
29	60	48	12	20	.08	.12
30						off
31	60	48	12	20	.08	.11

Cartridge Filtration	Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings ≤ 1 NTU? All daily turbidity readings ≤ 5 NTU?	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No <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: Brian Vance	
	SIGNATURE: 	DATE: 6-01-2021
	PHONE #: (503) 801-5001	CERT #: D-09185
		T-09363 Level 2

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:

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	11	8.3	52	Yes	382
3800	off							
4800	.5	432	216	11	8.2	50	Yes	347
5800	off							
6800	.4	360	144	11	8.3	52	Yes	417
7800	off							
8800	.6	393	235	11	8.4	55	Yes	382
9800	off							
10800	.5	360	180	11	8.3	52	Yes	417
11800	off							
12800	.4	360	144	11	8.4	53	Yes	417
13800	off							
14800	.8	360	288	12	8.4	53	Yes	417
15800	off							
16800	.4	309	124	12	8.4	49	Yes	486
17800	.5	270	135	12	8.5	47	Yes	556
18800	off							
19800	.4	360	144	12	8.3	46	Yes	417
20800	off							
21800	.6	360	216	12	8.4	51	Yes	417
22800	off							
23800	.5	332	166	12	8.3	46	Yes	451
24800	off							
25800	.4	393	157	12	8.2	46	Yes	382
26800	off							
27800	.4	360	144	12	8.7	55	Yes	417
28800	off							
29800	.6	360	216	12	8.5	53	Yes	417
30800	off							
31800	.5	288	144	12	8.5	53	Yes	521

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