

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: June 2021

DAY	PSI Before Filter	PSI After Filter	PSID	PSID When to Change Filter	Daily Turbidity Reading [NTU]	Highest Reading of the Day [NTU]
1	60	48	12	20	.07	.10
2	60	48	12	20	.08	.12
3	60	48	12	20	.07	.11
4						off
5	60	48	12	20	.07	.10
6						off
7	60	48	12	20	.09	.12
8						off
9	48	48	0	20	.10	.13
10						off
11	48	48	0	20	.08	.12
12						off
13	48	48	0	20	.07	.10
14						off
15	48	48	0	20	.09	.12
16						off
17	48	48	0	20	.08	.11
18						off
19	48	48	0	20	.07	.10
20	48	48	0	20	.07	.11
21	48	48	0	20	.07	.10
22	48	48	0	20	.07	.11
23						off
24	48	48	0	20	.08	.12
25						off
26	48	48	0	20	.06	.10
27	48	48	0	20	.06	.09
28	48	48	0	20	.06	.10
29	48	48	0	20	.08	.12
30	48	48	0	20	.06	.10
31						

Filter Change*

Cartridge Filtration	Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings ≤ 1 NTU? All daily turbidity readings ≤ 5 NTU?	Yes/No <input checked="" type="radio"/> Yes / <input type="radio"/> No	CT's met everyday? (see back) <input checked="" type="radio"/> Yes / <input type="radio"/> No
		All Cl ₂ residual at entry point ≥ 0.2 mg/l? <input checked="" type="radio"/> Yes / <input type="radio"/> 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: <u>Brian Moore</u>	
	SIGNATURE: <u>[Signature]</u>	DATE: <u>7-1-2021</u>
	PHONE #: <u>(503) 801-5201</u>	CERT #: <u>D-09185 level 2</u> <u>T-09363</u>

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]
1 8 00	.5	254	127	12	8.5	52	Yes	590
2 0 00	.6	309	185	12	8.6	55	Yes	486
3 00	.7	227	158	13	8.6	52	Yes	660
4 00	off							
5 00	.5	309	154	13	8.4	49	Yes	486
6 00	off							
7 00	.3	332	99	13	8.2	43	Yes	451
8 00	off							
9 00	.4	360	144	13	7.8	37	Yes	417
10 00	off							
11 00	.5	393	196	13	7.7	36	Yes	382
12 00	off							
13 00	.6	360	216	14	7.8	35	Yes	417
14 00	off							
15 00	.6	360	216	14	7.7	34	Yes	417
16 00	off							
17 00	.5	332	166	14	7.7	33	Yes	451
18 00	off							
19 00	.5	309	154	14	7.8	34	Yes	486
20 00	.4	270	108	14	7.7	33	Yes	556
21 00	.5	240	120	14	7.7	33	Yes	625
22 00	.5	288	144	14	7.6	32	Yes	521
23 00	off							
24 00	.5	288	144	15	7.8	31	Yes	521
25 00	off							
26 00	.6	227	136	15	7.6	30	Yes	660
27 00	.6	188	112	15	7.6	30	Yes	799
28 00	.6	173	103	15	7.7	31	Yes	868
29 00	.6	240	144	15	7.6	30	Yes	625
30 00	.6	254	152	16	7.7	29	Yes	590
31 /								

Filter Change

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