

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: July 2021

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						
2	48	48	0	20	.07	.10
3	48	48	0	20	.05	.09
4	48	48	0	20	.07	.11
5	48	48	0	20	.05	.09
6	48	48	0	20	.05	.08
7	48	48	0	20	.05	.09
8						
9	48	48	0	20	.06	.09
10	48	48	0	20	.05	.08
11	48	48	0	20	.06	.09
12	48	48	0	20	.05	.08
13	48	48	0	20	.05	.07
14	48	48	0	20	.06	.09
15	48	48	0	20	.06	.09
16	48	48	0	20	.06	.08
17	48	48	0	20	.06	.09
18	48	48	0	20	.05	.08
19	48	48	0	20	.06	.09
20	48	48	0	20	.06	.08
21	48	48	0	20	.06	.08
22	48	48	0	20	.06	.09
23	48	48	0	20	.06	.08
24	48	48	0	20	.08	.11
25	48	48	0	20	.06	.10
26	48	48	0	20	.07	.10
27	48	48	0	20	.06	.09
28	48	48	0	20	.06	.08
29	48	48	0	20	.06	.09
30	48	48	0	20	.06	.08
31	48	48	0	20	.06	.09

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: <u>Brian Moore</u>	
	SIGNATURE: <u>[Signature]</u>	DATE: <u>8-1-2021</u>
	PHONE #: <u>(503) 801-5001</u>	CERT #: <u>D-09185-kevel</u> <u>2</u> <u>F-09363-02</u>

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: July 2021

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	.6	288	172	16	7.6	28	Yes	521
3800	.6	240	144	16	7.5	28	Yes	625
4800	.6	227	136	17	7.6	27	Yes	660
5800	.6	216	129	17	7.5	26	Yes	694
6800	.6	216	129	17	7.6	27	Yes	694
7800	.5	254	127	17	7.5	26	Yes	590
8800	off							
9800	.5	254	127	17	7.5	26	Yes	590
10800	.5	240	120	17	7.6	26	Yes	625
11800	.5	240	120	17	7.5	26	Yes	625
12800	.5	216	108	17	7.3	24	Yes	694
13800	.5	227	113	17	7.3	24	Yes	660
14800	.5	240	120	17	7.3	24	Yes	625
15800	.5	254	127	17	7.4	25	Yes	590
16800	.5	227	113	17	7.3	24	Yes	660
17800	.5	270	135	17	7.3	24	Yes	556
18800	.5	254	127	17	7.3	25	Yes	590
19800	.5	206	103	17	7.3	24	Yes	729
20800	.5	240	120	17	7.2	23	Yes	625
21800	.5	254	127	17	7.3	24	Yes	590
22800	.45	240	108	17	7.3	24	Yes	625
23800	.5	227	113	17	7.3	24	Yes	660
24800	.3	227	68	17	7.3	23	Yes	660
25800	.4	216	86	17	7.4	24	Yes	694
26800	.5	206	103	17	7.4	24	Yes	729
27800	.6	227	136	17	7.4	25	Yes	660
28800	.6	227	136	17	7.3	23	Yes	660
29800	.6	240	144	17	7.4	25	Yes	625
30800	.6	196	117	17	7.4	25	Yes	764
31800	.5	206	103	17	7.3	23	Yes	729

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