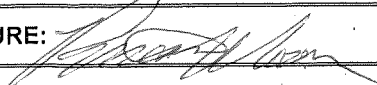


OHA - Drinking Water Program – Turbidity Monitoring Report Form County: Tillamook Cartridge or Bag Filtration

System Name: NEHALEM, CITY OF ID #: OR4100554 WTP: WTP-A Month/Year: Aug 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	48	48	0	20	.06	.09
2	48	48	0	20	.06	.08
3	48	48	0	20	.06	.09
4	48	48	0	20	.06	.09
5	48	48	0	20	.05	.08
6	48	48	0	20	.08	.11
7	48	48	0	20	.11	.14
8						OFF
9	48	48	0	20	.07	.10
10						OFF
11	48	48	0	20	.06	.09
12	48	48	0	20	.06	.08
13						OFF
14	48	48	0	20	.06	.09
15	48	48	0	20	.06	.10
16	48	48	0	20	.06	.10
17	48	48	0	20	.06	.09
18	48	48	0	20	.06	.08
19	48	48	0	20	.05	.07
20						OFF
21	48	48	0	20	.06	.09
22						OFF
23	48	48	0	20	.05	.08
24						OFF
25	48	48	0	20	.06	.09
26						OFF
27	48	48	0	20	.05	.08
28						OFF
29	48	48	0	20	.06	.10
30						OFF
31	48	48	0	20	.05	.07

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: <u>Brian Moore</u>	
	SIGNATURE: 	DATE: <u>9-1-2021</u>
	PHONE #: <u>(503) 801-5001</u>	CERT #: <u>D-09185 T-09363 Level 2</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: Aug 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]
1:00	.4	254	101	17	7.4	24	Yes	590
2:00	.45	216	97	17	7.4	24	Yes	694
3:00	.5	240	120	17	7.5	26	Yes	625
4:00	.6	216	129	17	7.5	26	Yes	694
5:00	.6	227	136	17	7.4	25	Yes	660
6:00	.6	270	162	17	7.4	25	Yes	556
7:00	.4	309	123	17	7.4	24	Yes	486
8:00	off							
9:00	.5	288	144	16	7.5	27	Yes	521
10:00	off							
11:00	.5	216	108	16	7.5	27	Yes	694
12:00	.6	196	117	17	7.5	26	Yes	764
13:00	off							
14:00	.7	240	168	17	7.4	25	Yes	625
15:00	.5	254	127	18	7.3	24	Yes	590
16:00	.6	254	152	18	7.4	23	Yes	590
17:00	.6	288	172	17	7.3	24	Yes	521
18:00	.4	309	123	17	7.2	22	Yes	486
19:00	.6	270	162	17	7.2	23	Yes	556
20:00	off							
21:00	.5	288	144	17	7.2	23	Yes	521
22:00	off							
23:00	.4	288	115	16	7.2	24	Yes	521
24:00	off							
25:00	.5	270	135	16	7.3	25	Yes	556
26:00	off							
27:00	.5	332	166	16	7.3	25	Yes	451
28:00	off							
29:00	.4	288	115	16	7.3	25	Yes	521
30:00	off							
31:00	.5	309	154	16	7.3	25	Yes	486

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