

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: Jan 2022

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	48	38	10	20	.04	.07
3						off
4	48	38	10	20	.05	.08
5						off
6	48	38	10	20	.06	.10
7						off
8	48	38	10	20	.09	.13
9						off
10	48	38	10	20	.07	.10
11						off
12	48	38	10	20	.07	.11
13						off
14	48	38	10	20	.08	.11
15						off
16	48	38	10	20	.05	.08
17						off
18	48	38	10	20	.06	.10
19						off
20	48	38	10	20	.07	.10
21						off
22	48	38	10	20	.07	.10
23	48	38	10	20	.06	.09
24						off
25	48	38	10	20	.06	.10
26						off
27	48	38	10	20	.06	.09
28						off
29	48	38	10	20	.06	.08
30						off
31	48	38	10	20	.07	.10

Cartridge Filtration 95% of daily turbidity readings ≤ 1 NTU? <input checked="" type="checkbox"/> Yes / No All daily turbidity readings ≤ 5 NTU? <input checked="" type="checkbox"/> Yes / No	Monthly Summary (Answer Yes or No) CT's met everyday? (see back) <input checked="" type="checkbox"/> Yes / No All Cl ₂ residual at entry point ≥ 0.2 mg/l? <input checked="" type="checkbox"/> Yes / 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>02/01/2022</u>
PHONE #: <u>(503) 801-5001</u>	Both Level 2 CERT #: <u>D-09185</u> <u>T-09363</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: Jan 2022

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	off							
2:00	.6	332	199	8	7.5	49	Yes	451
3:00	off							
4:00	.5	332	166	7	7.4	48	Yes	451
5:00	off							
6:00	.3	309	92	7	7.2	45	Yes	486
7:00	off							
8:00	.35	332	116	8	7.1	41	Yes	451
9:00	off							
10:00	.35	332	116	8	7.2	43	Yes	451
11:00	off							
12:00	.3	360	108	8	7.3	44	Yes	417
13:00	off							
14:00	.3	332	100	8	7.2	43	Yes	451
15:00	off							
16:00	.5	332	166	8	7.4	46	Yes	451
17:00	off							
18:00	.45	332	149	9	7.4	43	Yes	451
19:00	off							
20:00	.45	332	149	9	7.4	43	Yes	451
21:00	off							
22:00	.34	393	134	9	7.4	43	Yes	382
23:00	.32	309	99	9	7.4	43	Yes	486
24:00	off							off
25:00	.35	332	116	9	7.4	43	Yes	451
26:00	off							
27:00	.40	360	144	9	7.4	43	Yes	417
28:00	off							
29:00	.33	332	109	9	7.3	42	Yes	451
30:00	off							
31:00	.38	309	117	8	7.3	44	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