

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: **Feb 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	.07	.09
3						off
4	48	38	10	20	.08	.10
5						off
6	48	38	10	20	.06	.09
7						off
8	48	38	10	20	.06	.08
9						off
10	48	38	10	20	.07	.09
11						off
12	48	38	10	20	.07	.09
13						off
14	48	38	10	20	.06	.09
15						off
16	48	38	10	20	.06	.08
17						off
18	48	38	10	20	.06	.09
19						off
20	48	38	10	20	.08	.10
21						off
22	48	37	11	20	.09	.12
23						off
24	48	37	11	20	.06	.09
25	48	37	11	20	.07	.09
26	48	37	11	20	.07	.10
27	48	37	11	20	.07	.09
28						off
29						
30						
31						

Cartridge Filtration 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	Monthly Summary (Answer Yes or 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>Bejan Moore</u> SIGNATURE: <u>[Signature]</u> DATE: <u>2-1-2022</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:

Feb 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]
1800	off							
2800	.3	309	92	8	7.3	44	Yes	486
3800	off							
4800	.3	309	92	8	7.3	44	Yes	486
5800	off							
6800	.3	309	92	8	7.3	44	Yes	486
7800	off							
8800	.3	309	92	8	7.3	44	Yes	486
9800	off							
10800	.28	309	86	8	7.3	44	Yes	486
11800	off							
12800	.3	309	92	8	7.5	44	Yes	486
13800	off							
14800	.4	270	108	9	7.5	45	Yes	556
15800	off							
16800	.4	332	132	9	7.3	42	Yes	451
17800	off							
18800	.3	332	99	9	7.3	42	Yes	451
19800	off							
20800	.3	309	92	9	7.3	42	Yes	486
21800	off							
22800	.35	288	100	8	7.3	44	Yes	521
23800	off							
24800	.4	240	96	7	7.3	47	Yes	625
25800	.3	254	76	7	7.4	48	Yes	590
26800	.3	309	93	7	7.5	50	Yes	486
27800	.4	288	115	7	7.5	50	Yes	521
28800	off							
29 /								
30 /								
31 /								

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