

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 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	50	40	10	20	.08	.10
2						off
3	50	40	10	20	.07	.11
4						off
5	50	40	10	20	.09	.11
6	50	40	10	20	.10	.13
7						off
8	50	40	10	20	.09	.11
9						off
10						off
11	50	40	10	20	.13	.16
12						off
13	50	40	10	20	.09	.14
14						off
15	50	40	10	20	.10	.13
16						off
17	50	40	10	20	.08	.11
18						off
19	50	40	10	20	.07	.09
20						off
21	50	39	11	20	.07	.09
22						off
23	50	39	11	20	.06	.08
24						off
25	50	39	11	20	.06	.09
26	50	39	11	20	.06	.08
27	50	39	11	20	.06	.08
28	50	39	11	20	.06	.08
29						off
30	50	39	11	20	.06	.08
31						

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: <i>Brian Maxwell</i>	
	SIGNATURE: <i>[Signature]</i>	DATE: <i>06/30/2022</i>
	PHONE #: <i>(503) 801-5001</i>	CERT #: <i>D-09185</i> <i>T-09363</i>

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: *June 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	.30	270	81	11	7.5	39	Yes	556
2:00	off							
3:00	.43	288	123	11	7.4	38	Yes	521
4:00	off							
5:00	.48	288	138	12	7.4	35	Yes	521
6:00	.50	270	135	12	7.4	35	Yes	556
7:00	off							
8:00	.45	270	121	12	7.4	35	Yes	556
9:00	off							
10:00	off							
11:15	.50	288	144	12	7.4	35	Yes	521
12:00	off							
13:00	.44	270	119	12	7.4	35	Yes	556
14:00	off							
15:00	.40	288	115	12	7.4	35	Yes	521
16:00	off							
17:15	.60	270	162	12	7.4	36	Yes	556
18:00	off							
19:00	.60	270	162	12	7.4	36	Yes	556
20:00	off							
21:00	.60	254	152	12	7.4	36	Yes	590
22:15	off							
23:00	.45	240	108	13	7.4	32	Yes	625
24:00	off							
25:15	.45	216	97	13	7.3	31	Yes	694
26:00	.40	180	72	14	7.3	29	Yes	833
27:00	.43	216	92	14	7.4	30	Yes	694
28:00	.32	227	73	14	7.3	29	Yes	660
29:00	off							
30:00	.35	240	84	14	7.4	30	Yes	625
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