

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 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	39	11	20	.06	.08
2	50	39	11	20	.07	.09
3	50	39	11	20	.06	.08
4	50	39	11	20	.05	.08
5	50	39	11	20	.05	.07
6						off
7	58	58	0	20	.06	.08
8						off
9	58	58	0	20	.06	.08
10	58	58	0	20	.05	.07
11	58	58	0	20	.05	.07
12						off
13	58	58	0	20	.05	.07
14						off
15	58	58	0	20	.05	.08
16						off
17	58	58	0	20	.06	.07
18	58	58	0	20	.05	.07
19						off
20	58	58	0	20	.05	.07
21	58	58	0	20	.05	.07
22	58	58	0	20	.04	.06
23						off
24	58	58	0	20	.07	.09
25	58	58	0	20	.07	.10
26	58	58	0	20	.05	.07
27	58	58	0	20	.06	.09
28						off
29	58	58	0	20	.05	.07
30	58	58	0	20	.05	.07
31	58	58	0	20	.04	.06

Filter Usage

<p>Cartridge Filtration</p> <p>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</p>	<p style="text-align: center;">Monthly Summary (Answer Yes or No)</p> <p>CT's met everyday? (see back) <input checked="" type="checkbox"/> Yes / No</p> <p>All Cl₂ residual at entry point ≥ 0.2 mg/l? <input checked="" type="checkbox"/> Yes / No</p>
<p>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.</p>	<p>PRINTED NAME: <i>Bryan Moore</i></p> <p>SIGNATURE: <i>[Signature]</i></p> <p>DATE: <i>7-31-2022</i></p> <p>PHONE #: <i>(503) 861-5001</i></p> <p>CERT #: <i>D-09185 T-09363</i></p>

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 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 8:30	.30	206	61	14	7.4	30	Yes	729
2 9:00	.42	227	95	14	7.4	30	Yes	660
3 9:30	.45	216	97	14	7.4	30	Yes	694
4 1:00	.47	216	101	14	7.4	30	Yes	694
5 8:20	.53	196	103	14	7.4	30	Yes	764
6 8:20	off							
7 8:20	.35	240	84	14	7.4	30	Yes	625
8 8:50	off							
9 9:00	.40	206	82	14	7.4	30	Yes	729
10 9:10	.35	216	75	14	7.3	29	Yes	694
11 8:20	.35	196	68	14	7.4	30	Yes	764
12 8:15	off							
13 7:30	.36	216	77	15	7.4	27	Yes	694
14 8:20	off							
15 8:30	.40	206	82	15	7.4	27	Yes	729
16 8:00	off							
17 8:00	.30	216	65	15	7.4	27	Yes	694
18 8:20	.30	196	58	15	7.3	26	Yes	764
19 8:20	off							
20 8:20	.38	173	65	15	7.4	27	Yes	868
21 8:15	.35	216	75	15	7.4	27	Yes	694
22 7:20	.37	227	83	15	7.4	27	Yes	660
23 8:15	off							
24 8:20	.38	196	74	15	7.3	26	Yes	764
25 8:20	.36	188	67	15	7.4	27	Yes	799
26 8:20	.37	188	69	15	7.3	26	Yes	799
27 8:30	.38	216	82	15	7.3	26	Yes	694
28 8:20	off							
29 8:22	.42	216	90	15	7.3	26	Yes	694
30 8:50	.33	216	71	15	7.4	27	Yes	694
31 8:00	.35	206	72	15	7.4	27	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