

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 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	52	52	0	20	.04	.07
2						off
3	52	52	0	20	.04	.08
4						off
5	52	52	0	20	.04	.07
6	52	52	0	20	.04	.07
7	52	52	0	20	.04	.06
8	52	52	0	20	.05	.08
9	52	52	0	20	.05	.07
10	52	52	0	20	.05	.08
11	52	52	0	20	.05	.07
12	52	52	0	20	.06	.07
13	52	52	0	20	.05	.08
14	52	52	0	20	.05	.08
15	52	52	0	20	.05	.07
16	52	52	0	20	.05	.07
17	52	52	0	20	.05	.08
18	52	52	0	20	.05	.08
19						off
20	52	52	0	20	.06	.09
21	52	52	0	20	.05	.08
22	52	52	0	20	.05	.07
23	52	52	0	20	.05	.07
24						off
25	52	52	0	20	.05	.08
26	52	52	0	20	.05	.08
27	52	52	0	20	.05	.07
28	52	52	0	20	.05	.08
29						off
30	52	52	0	20	.05	.08
31	52	52	0	20	.06	.08

Cartridge Filtration 95% of daily turbidity readings ≤ 1 NTU? <input checked="" type="radio"/> Yes / No All daily turbidity readings ≤ 5 NTU? <input checked="" type="radio"/> Yes / No	Monthly Summary (Answer Yes or No) CT's met everyday? (see back) <input checked="" type="radio"/> Yes / No All Cl ₂ residual at entry point ≥ 0.2 mg/l? <input checked="" type="radio"/> 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>8-31-2022</u> Both level 2 PHONE #: <u>(503) 801-5001</u> 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.

5602
OHA - Drinking Water Program - Surface Water Quality Data Form

NEHALEM, CITY OF ID #: OR4100554 WTP-: WTP-A Month/Year:

Aug 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 1800	.36	206	74	16	7.4	26	Yes	729
2 1800	off							
3 1800	.43	216	93	16	7.3	25	Yes	694
4 810	off							
5 1800	.42	240	100	16	7.3	25	Yes	625
6 1800	.30	216	65	16	7.3	25	Yes	694
7 1800	.30	196	59	16	7.3	25	Yes	764
8 1800	.33	196	64	16	7.3	25	Yes	764
9 1800	.40	240	96	16	7.3	25	Yes	625
10 1815	.36	240	86	16	7.3	25	Yes	625
11 1820	.38	254	96	16	7.3	25	Yes	580
12 1820	.35	216	75	16	7.3	25	Yes	694
13 1800	.44	206	90	16	7.3	25	Yes	729
14 1815	.40	216	86	16	7.2	22	Yes	694
15 1800	.43	206	88	16	7.3	25	Yes	729
16 1815	.39	206	80	16	7.2	24	Yes	729
17 1820	.45	206	92	16	7.2	24	Yes	729
18 1820	.43	196	84	16	7.2	24	Yes	764
19 1820	off							
20 1800	.40	240	96	16	7.3	25	Yes	625
21 1800	.40	227	91	16	7.2	24	Yes	660
22 1800	.38	240	91	16	7.2	24	Yes	625
23 1800	.38	216	82	16	7.2	24	Yes	694
24 1800	off							
25 1800	.43	216	93	16	7.3	24	Yes	694
26 1800	.40	216	86	16	7.2	24	Yes	694
27 1801	.40	227	91	16	7.3	25	Yes	660
28 1800	.45	227	102	16	7.3	25	Yes	660
29 1800	off							
30 1815	.49	216	105	16	7.2	24	Yes	694
31 1820	.39	240	93	16	7.2	24	Yes	625

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