

# OHA - Drinking Water Program – Turbidity Monitoring Report Form County: Tillamook Cartridge or Bag Filtration

System Name: **NEHÀLEM, CITY OF** ID #: **OR4100554** WTP: **WTP-A** Month/Year: **Dec 2022**

DAY	PSI Before Filter	PSI After Filter	PSID	PSID When to Change Filter	Daily Turbidity Reading [NTU]	Highest Reading of the Day <sup>1</sup> [NTU]
1						off
2	52	48	4	20	.07	.10
3						off
4	52	47	5	20	.05	.08
5						off
6	52	47	5	20	.05	.08
7						off
8						off
9	52	47	5	20	.05	.07
10						off
11						off
12	52	47	5	20	.05	.08
13						off
14	52	45	7	20	.04	.06
15						off
16	52	45	7	20	.04	.06
17						off
18	52	45	7	20	.04	.07
19						off
20	52	45	7	20	.03	.06
21						off
22	52	44	8	20	.04	.06
23						off
24	52	43	9	20	.05	.07
25						off
26	52	43	9	20	.06	.10
27						off
28						off
29	52	43	9	20	.09	.14
30						off
31	52	42	10	20	.10	.14

<b>Cartridge Filtration</b>  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	<b>Monthly Summary (Answer Yes or No)</b>  CT's met everyday? (see back) <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No All Cl <sub>2</sub> residual at entry point ≥ 0.2 mg/l? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No
<b>Notes:</b> 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: <b>Debra Moore</b> SIGNATURE: <i>[Signature]</i> DATE: PHONE #: <b>(503) 801-5001</b> CERT #: <b>Both Level 2 D-09185 T-09363</b>

<sup>1</sup> 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: Dec 2022

Date / Time	Minimum Cl <sub>2</sub> Residual at 1 <sup>st</sup> User (C) <sup>2</sup>	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? <sup>2</sup>	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	C X T	[° C]		Use tables	Yes / No	[GPM]
1 8:00	off							
2 8:00	.35	576	201	8	7.2	43	Yes	60
3 8:00	off							
4 8:00	.32	576	184	8	7.3	44	Yes	70
5 8:00	off							
6 8:00	.44	576	253	7	7.3	47	Yes	70
7 8:00	off							
8 8:00	off							
9 1:45	.45	576	259	7	7.3	47	Yes	60
10 1:00	off							
11 1:00	off							
12 1:00	.38	576	219	7	7.3	47	Yes	70
13 1:10	off							
14 1:00	.45	576	259	7	7.3	47	Yes	70
15 1:00	off							
16 1:00	.50	480	240	7	7.4	48	Yes	75
17 1:00	off							
18 1:00	.50	576	299	7	7.4	48	Yes	75
19 1:00	off							
20 1:00	.46	576	264	7	7.3	47	Yes	75
21 1:00	off							
22 1:00	.35	576	201	7	7.3	47	Yes	70
23 1:00	off							
24 1:00	.32	576	184	7	7.3	47	Yes	65
25 1:00	off							
26 1:00	.35	576	201	7	7.2	45	Yes	80
27 1:00	off							
28 1:00	off							
29 1:00	.30	576	172	7	7.2	45	Yes	80
30 1:00	off							
31 1:00	.32	480	154	8	7.2	43	Yes	90

<sup>2</sup> If Cl<sub>2</sub> 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](http://www.public.health.oregon.gov/HealthyEnvironments/DrinkingWater/Monitoring/Documents/turb-cartridge.pdf)