

# 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: Jan 2023

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	55	40	15	20	.08	.11
3						off
4	55	40	15	20	.06	.10
5						off
6	55	40	15	20	.06	.09
7						off
8	55	40	15	20	.07	.10
9						off
10						off
11	55	40	15	20	.07	.09
12						off
13	55	40	15	20	.06	.09
14						off
15	55	40	15	20	.06	.09
16						off
17	55	40	15	20	.09	.12
18						off
19						off
20	55	40	15	20	.08	.11
21						off
22	55	40	15	20	.07	.10
23						off
24	55	40	15	20	.05	.08
25						off
26						off
27	55	40	15	20	.06	.09
28						off
29	55	40	15	20	.07	.10
30						off
31	55	40	15	20	.05	.08

<b>Cartridge Filtration.</b>  95% of daily turbidity readings ≤ 1 NTU? All daily turbidity readings ≤ 5 NTU? <div style="float: right; text-align: right;">                     Yes / No  <input checked="" type="radio"/> Yes / <input type="radio"/> No                 </div>	<b>Monthly Summary (Answer Yes or No)</b>  CT's met everyday? (see back) <input checked="" type="radio"/> Yes / <input type="radio"/> No		All Cl <sub>2</sub> residual at entry point ≥ 0.2 mg/l? <input checked="" type="radio"/> Yes / <input type="radio"/> 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: <u>Brian Moore</u>		DATE: <u>1-31-2023</u>
	SIGNATURE: <u>[Signature]</u>		Both level 2 CERT #: <u>D-09185</u> <u>T-09363</u>
	PHONE #: <u>(503) 801-5009</u>		

<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: Jan 2023

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	.40	480	192	8	7.2	43	Yes	75
3 8:00	off							
4 8:00	.40	576	230	8	7.2	43	Yes	75
5 8:00	off							
6 8:00	.50	576	288	8	7.3	44	Yes	75
7 8:00	off							
8 8:00	.45	576	259	8	7.3	44	Yes	80
9 8:00	off							
10 8:00	off							
11 8:00	.35	480	168	8	7.2	43	Yes	80
12 8:00	off							
13 8:00	.30	576	172	8	7.2	43	Yes	80
14 8:00	off							
15 8:00	.39	480	187	8	7.3	44	Yes	80
16 8:00	off							
17 8:00	.37	480	177	9	7.3	42	Yes	80
18 8:00	off							
19 8:00	off							
20 8:00	.35	411	143	8	7.2	43	Yes	90
21 8:00	off							
22 8:00	.33	576	190	8	7.3	44	Yes	85
23 8:00	off							
24 8:00	.40	576	230	8	7.3	44	Yes	90
25 8:00	off							
26 8:00	off							
27 8:00	.43	576	247	8	7.3	44	Yes	90
28 8:00	off							
29 8:00	.45	320	144	8	7.3	44	Yes	100
30 8:00	off							
31 8:00	.35	320	112	7	7.3	47	Yes	100

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)