

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

System Name: NEHÅLEM, CITY OF ID #: OR4100554 WTP: WTP-A Month/Year: April 2023

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

<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>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 style="text-align: center;">Monthly Summary (Answer Yes or No)</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">CT's met everyday? (see back) <input checked="" type="checkbox"/> Yes / No</td> <td style="width: 33%;">All Cl₂ residual at entry point ≥ 0.2 mg/l? <input checked="" type="checkbox"/> Yes / No</td> </tr> </table> <p>PRINTED NAME: <u>Brian Moore</u></p> <p>SIGNATURE: <u>[Signature]</u> DATE: <u>Both Level 2</u></p> <p>PHONE #: <u>(503) 801-5001</u> CERT #: <u>D-09185</u> <u>T-09363</u></p>	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
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		

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: *April 2023*

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]
1 800	off							
2 800	.40	262	104	8	7.2	43	Yes	120
3 800	.43	222	95	8	7.1	41	Yes	120
4 800	.38	262	99	8	7.2	43	Yes	120
5 800	.35	262	91	8	7.1	41	Yes	110
6 800	.40	222	88	8	7.2	43	Yes	120
7 800	off							
8 800	.50	240	120	8	7.3	44	Yes	115
9 800	.45	240	108	9	7.3	42	Yes	115
10 800	off							
11 800	off							
12 800	.40	240	96	8	7.1	41	Yes	110
13 800	.41	240	98	8	7.2	43	Yes	120
14 800	off							
15 800	.45	240	108	8	7.2	43	Yes	120
16 800	off							
17 800	.50	320	160	8	7.2	43	Yes	120
18 800	off							
19 800	.40	360	144	8	7.2	43	Yes	100
20 800	off							
21 800	.38	288	109	8	7.2	43	Yes	100
22 800	off							
23 800	.38	320	122	8	7.2	43	Yes	110
24 800	off							
25 800	.38	288	109	8	7.2	43	Yes	110
26 800	off							
27 800	.45	288	129	9	7.2	40	Yes	100
28 800	off							
29 800	.50	288	144	9	7.2	40	Yes	110
30 800	off							
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