

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

Cartridge Filtration 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	Monthly Summary (Answer Yes or No) CT's met everyday? (see back) <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No All Cl ₂ residual at entry point ≥ 0.2 mg/l? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> 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: Brian Moore SIGNATURE: <i>Brian Moore</i> DATE: 5-31-2023 PHONE #: (503) 801-5001 CERT #: D-09185 T-09363 Both level 2

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: May 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 8:00	.46	288	132	10	7.2	38	Yes	120
2 1:30	.45	288	130	10	7.3	39	Yes	120
3 4:00	off							
4 8:00	.30	320	96	11	7.2	35	Yes	120
5 8:00	.38	320	121	11	7.2	35	Yes	120
6 1:30	.40	320	128	11	7.2	35	Yes	120
7 4:30	off							
8 8:00	.35	262	91	11	7.2	35	Yes	130
9 8:00	off							
10 8:00	.45	288	130	11	7.4	38	Yes	125
11 8:00	off							
12 8:00	.52	262	136	12	7.3	34	Yes	140
13 8:00	off							
14 8:00	.56	192	107	12	7.3	35	Yes	160
15 8:00	off							
16 8:00	.48	262	125	13	7.2	31	Yes	150
17 8:00	off							
18 8:00	.42	222	93	13	7.2	30	Yes	140
19 8:00	off							
20 8:00	.40	222	89	13	7.3	31	Yes	145
21 8:00	off							
22 8:00	.43	222	95	14	7.2	28	Yes	140
23 8:00	off							
24 8:00	.41	222	91	13	7.3	31	Yes	140
25 8:00	off							
26 8:00	.52	206	107	13	7.3	31	Yes	150
27 8:00	.42	206	86	13	7.3	31	Yes	150
28 8:00	.43	206	88	13	7.2	30	Yes	160
29 8:00	.44	192	84	13	7.2	30	Yes	170
30 8:00	.45	180	81	13	7.2	30	Yes	180
31 8:00	.46	206	94	13	7.2	30	Yes	160

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