

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

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: <u>Brian Moore</u> SIGNATURE: <u>[Signature]</u> DATE: <u>6-30-2023</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.

OHA - Drinking Water Program – Surface Water Quality Data Form

NEHALEM, CITY OF ID #: OR4100554 WTP-: WTP-A Month/Year: June 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	.48	144	69	13	7.2	30	Yes	200
3 800	.45	240	108	13	7.3	31	Yes	125
4 800	off							
5 800	.48	222	106	13	7.3	31	Yes	130
6 800	off							
7 800	.42	206	86	13	7.2	30	Yes	140
8 800	off							
9 800	.44	240	105	13	7.2	30	Yes	130
10 800	off							
11 800	.38	222	84	13	7.2	30	Yes	130
12 800	off							
13 800	.50	222	111	14	7.2	28	Yes	140
14 800	off							
15 800	.47	262	123	14	7.2	28	Yes	120
16 800	off							
17 800	.43	262	113	14	7.3	29	Yes	120
18 800	off							
19 800	.53	288	95	14	7.2	28	Yes	125
20 800	off							
21 800	.38	262	99	14	7.2	28	Yes	130
22 800	off							
23 800	.40	222	88	14	7.2	28	Yes	120
24 800	off							
25 800	.45	206	92	14	7.2	28	Yes	135
26 800	off							
27 800	.48	222	106	14	7.3	29	Yes	125
28 800	off							
29 800	.45	222	99	14	7.2	28	Yes	130
30 800	off							
31 /								

Leak? Required

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