

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

Cartridge Filtration 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	Monthly Summary (Answer Yes or 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
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>Brigit Macroe</u> SIGNATURE: <u>[Signature]</u> DATE: <u>7-31-2023</u> PHONE #: <u>(503) 851-5001</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: July 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 1:40	.45	206	93	14	7.20	28	Yes	130
2 1:40	.45	180	81	14	7.28	28	Yes	135
3 2:00	.50	160	80	15	7.17	24	Yes	145
4 1:30	.48	169	81	15	7.20	25	Yes	140
5 1:30	.45	152	68	15	7.13	24	Yes	145
6 1:30	.48	169	81	15	7.12	24	Yes	145
7 8:00	off							
8 8:00	.50	206	103	15	7.18	24	Yes	140
9 8:00	off							
10 8:00	.46	192	88	15	7.24	25	Yes	135
11 8:00	off							
12 8:00	.38	192	72	15	7.13	24	Yes	145
13 8:00	off							
14 8:00	.42	206	87	16	7.16	23	Yes	140
15 8:00	.45	180	81	16	7.10	23	Yes	145
16 8:00	off							
17 8:00	.47	180	84	16	7.10	23	Yes	145
18 8:00	.45	222	99	16	7.15	23	Yes	135
19 8:00	off							
20 8:00	.42	206	86	16	7.10	23	Yes	140
21 8:00	off							
22 8:00	.40	222	88	16	7.15	23	Yes	140
23 8:00	off							
24 8:00	.38	222	84	16	7.15	23	Yes	130
25 8:00	off							
26 8:00	.45	262	117	16	7.22	24	Yes	120
27 8:00	off							
28 8:00	.50	240	120	16	7.19	23	Yes	125
29 8:00	off							
30 8:00	.44	222	98	16	7.22	24	Yes	140
31 8:00	off							

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