

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: **August 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	56	2	20	.05	.08
2						off
3	58	56	2	20	.06	.09
4						off
5	58	56	2	20	.07	.10
6	58	56	2	20	.06	.09
7	58	55	3	20	.04	.08
8						off
9	58	55	3	20	.05	.09
10						off
11	58	55	3	20	.04	.07
12						off
13	58	55	3	20	.04	.07
14						off
15	58	54	4	20	.05	.09
16	58	54	4	20	.05	.09
17						off
18	58	54	4	20	.05	.09
19						off
20	58	54	4	20	.05	.08
21						off
22						off
23	58	54	4	20	.06	.09
24						off
25	58	54	4	20	.06	.10
26	58	54	4	20	.06	.09
27	58	54	4	20	.06	.10
28						off
29	58	54	4	20	.06	.09
30						off
31						off

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: Deion Moore SIGNATURE: <i>[Signature]</i> DATE: 8-31-2023 Bath Level 2 PHONE #: (503) 801-5001 CERT #: D-09185 T-09363	

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: August 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	.49	222	108	16	7.20	24	Yes	140
2 8:00	off							
3 8:00	.48	240	115	16	7.18	24	Yes	135
4 8:00	off							
5 8:00	.42	240	100	16	7.20	24	Yes	130
6 8:00	.48	222	106	16	7.16	24	Yes	140
7 8:00	.50	222	111	16	7.20	24	Yes	140
8 8:00	off							
9 8:00	.50	240	120	16	7.15	24	Yes	130
10 8:00	off							
11 8:00	.43	262	113	16	7.15	23	Yes	130
12 8:00	off							
13 8:00	.44	206	91	16	7.14	23	Yes	140
14 8:00	off							
15 8:00	.49	192	94	18	7.10	21	Yes	150
16 8:00	.48	192	92	18	7.10	21	Yes	150
17 8:00	off							
18 8:00	.50	240	120	18	7.13	21	Yes	140
19 8:00	off							
20 8:00	.45	240	108	18	7.15	21	Yes	120
21 8:00	off							
22 8:00	off							
23 8:00	.46	262	120	18	7.13	21	Yes	110
24 8:00	off							
25 8:00	.40	240	96	18	7.16	21	Yes	120
26 8:00	.46	262	120	18	7.25	21	Yes	110
27 8:00	.41	262	107	18	7.10	20	Yes	110
28 8:00	off							
29 8:00	.44	360	158	17	7.10	22	Yes	100
30 8:00	off							
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