

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

System Name: **NEHÀLEM, CITY OF** ID #: **OR4100554** WTP: **WTP-A** Month/Year: *October 2023*

DAY	PSI Before Filter	PSI After Filter	PSID	PSID When to Change Filter	Daily Turbidity Reading [NTU]	Highest Reading of the Day <sup>1</sup> [NTU]
1	58	51	7	20	.07	.10
2	58	51	7	20	.07	.09
3	<hr/>					
4	58	51	7	20	.09	.12
5	<hr/>					
6	58	51	7	20	.08	.10
7	58	51	7	20	.08	.09
8	58	51	7	20	.08	.10
9	58	51	7	20	.08	.11
10	58	51	7	20	.07	.10
11	<hr/>					
12	58	51	7	20	.09	.12
13	<hr/>					
14	58	51	7	20	.08	.11
15	58	51	7	20	.08	.10
16	58	51	7	20	.08	.11
17	58	51	7	20	.08	.10
18	58	51	7	20	.07	.10
19	58	51	7	20	.06	.09
20	58	51	7	20	.06	.10
21	58	51	7	20	.08	.11
22	58	51	7	20	.07	.10
23	58	50	8	20	.07	.09
24	<hr/>					
25	<hr/>					
26	58	50	8	20	.08	.11
27	<hr/>					
28	58	50	8	20	.08	.10
29	<hr/>					
30	58	50	8	20	.07	.09
31	<hr/>					

<p><b>Cartridge Filtration</b></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><b>Notes:</b> 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;"><b>Monthly Summary (Answer Yes or No)</b></p> <table style="width: 100%;"> <tr> <td style="width: 50%;">CT's met everyday? (see back) <input checked="" type="checkbox"/> Yes / No</td> <td style="width: 50%;">All Cl<sub>2</sub> residual at entry point ≥ 0.2 mg/l? <input checked="" type="checkbox"/> Yes / No</td> </tr> </table> <p>PRINTED NAME: <i>Brian Moore</i></p> <p>SIGNATURE: <i>[Signature]</i></p> <p>PHONE #: (503) 801-5001</p> <p>DATE: <i>10-31-2023</i></p> <p>CERT #: <i>D-09185</i> <i>F-09363</i></p>	CT's met everyday? (see back) <input checked="" type="checkbox"/> Yes / No	All Cl <sub>2</sub> 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 <sub>2</sub> residual at entry point ≥ 0.2 mg/l? <input checked="" type="checkbox"/> Yes / No		

<sup>1</sup> 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: *October 2023*

Date / Time	Minimum Cl <sub>2</sub> Residual at 1 <sup>st</sup> User ( C ) <sup>2</sup>	Contact Time ( T )	Actual CT	Temp	pH	Required CT	CT Met? <sup>2</sup>	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	C X T	[° C]		Use tables	Yes / No	[GPM]
1 <i>800</i>	<i>.39</i>	<i>262</i>	<i>102</i>	<i>14</i>	<i>7.15</i>	<i>26</i>	<i>Yes</i>	<i>90</i>
2 <i>900</i>	<i>.46</i>	<i>262</i>	<i>120</i>	<i>14</i>	<i>7.13</i>	<i>26</i>	<i>Yes</i>	<i>85</i>
3 <i>1800</i>	<i>off</i>							<i>off</i>
4 <i>800</i>	<i>.42</i>	<i>262</i>	<i>110</i>	<i>14</i>	<i>7.16</i>	<i>26</i>	<i>Yes</i>	<i>90</i>
5 <i>900</i>	<i>off</i>							
6 <i>800</i>	<i>.41</i>	<i>262</i>	<i>107</i>	<i>14</i>	<i>7.33</i>	<i>29</i>	<i>Yes</i>	<i>95</i>
7 <i>1800</i>	<i>.38</i>	<i>240</i>	<i>91</i>	<i>14</i>	<i>7.35</i>	<i>29</i>	<i>Yes</i>	<i>105</i>
8 <i>800</i>	<i>.35</i>	<i>222</i>	<i>78</i>	<i>14</i>	<i>7.33</i>	<i>29</i>	<i>Yes</i>	<i>110</i>
9 <i>800</i>	<i>.45</i>	<i>240</i>	<i>108</i>	<i>15</i>	<i>7.25</i>	<i>25</i>	<i>Yes</i>	<i>110</i>
10 <i>900</i>	<i>.50</i>	<i>288</i>	<i>144</i>	<i>15</i>	<i>7.21</i>	<i>25</i>	<i>Yes</i>	<i>90</i>
11 <i>800</i>	<i>off</i>							
12 <i>800</i>	<i>.42</i>	<i>288</i>	<i>120</i>	<i>14</i>	<i>7.35</i>	<i>29</i>	<i>Yes</i>	<i>95</i>
13 <i>800</i>	<i>off</i>							
14 <i>800</i>	<i>.40</i>	<i>288</i>	<i>115</i>	<i>14</i>	<i>7.32</i>	<i>29</i>	<i>Yes</i>	<i>90</i>
15 <i>800</i>	<i>.38</i>	<i>262</i>	<i>99</i>	<i>14</i>	<i>7.30</i>	<i>29</i>	<i>Yes</i>	<i>95</i>
16 <i>800</i>	<i>.36</i>	<i>262</i>	<i>94</i>	<i>14</i>	<i>7.28</i>	<i>28</i>	<i>Yes</i>	<i>100</i>
17 <i>800</i>	<i>.35</i>	<i>288</i>	<i>100</i>	<i>14</i>	<i>7.30</i>	<i>29</i>	<i>Yes</i>	<i>95</i>
18 <i>800</i>	<i>.45</i>	<i>192</i>	<i>86</i>	<i>14</i>	<i>7.25</i>	<i>28</i>	<i>Yes</i>	<i>120</i>
19 <i>800</i>	<i>.40</i>	<i>240</i>	<i>96</i>	<i>14</i>	<i>7.21</i>	<i>28</i>	<i>Yes</i>	<i>110</i>
20 <i>800</i>	<i>.42</i>	<i>262</i>	<i>110</i>	<i>14</i>	<i>7.20</i>	<i>28</i>	<i>Yes</i>	<i>100</i>
21 <i>800</i>	<i>.42</i>	<i>320</i>	<i>134</i>	<i>14</i>	<i>7.30</i>	<i>29</i>	<i>Yes</i>	<i>95</i>
22 <i>800</i>	<i>.33</i>	<i>320</i>	<i>106</i>	<i>14</i>	<i>7.25</i>	<i>28</i>	<i>Yes</i>	<i>90</i>
23 <i>800</i>	<i>.45</i>	<i>288</i>	<i>129</i>	<i>14</i>	<i>7.24</i>	<i>28</i>	<i>Yes</i>	<i>95</i>
24 <i>800</i>	<i>off</i>							
25 <i>800</i>	<i>off</i>							
26 <i>800</i>	<i>.48</i>	<i>206</i>	<i>98</i>	<i>13</i>	<i>7.34</i>	<i>31</i>	<i>Yes</i>	<i>120</i>
27 <i>800</i>	<i>off</i>							
28 <i>800</i>	<i>.40</i>	<i>360</i>	<i>144</i>	<i>13</i>	<i>7.30</i>	<i>31</i>	<i>Yes</i>	<i>90</i>
29 <i>800</i>	<i>off</i>							
30 <i>800</i>	<i>.39</i>	<i>288</i>	<i>112</i>	<i>12</i>	<i>7.32</i>	<i>34</i>	<i>Yes</i>	<i>95</i>
31 <i>800</i>	<i>off</i>							

<sup>2</sup> If Cl<sub>2</sub> 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](http://www.public.health.oregon.gov/HealthyEnvironments/DrinkingWater/Monitoring/Documents/turb-cartridge.pdf)