

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: *November 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	50	8	20	.05	.08
2						off
3	58	50	8	20	.07	.10
4						off
5	58	50	8	20	.08	.10
6						off
7	58	50	8	20	.08	.11
8						off
9	58	50	8	20	.08	.10
10						off
11	58	50	8	20	.07	.09
12						off
13	58	50	8	20	.06	.09
14						off
15	58	50	8	20	.06	.09
16						off
17	58	50	8	20	.07	.10
18						off
19	58	50	8	20	.07	.09
20						off
21	58	50	8	20	.08	.10
22						off
23	58	50	8	20	.07	.09
24						off
25	58	50	8	20	.06	.08
26						off
27	58	50	8	20	.06	.09
28						off
29	58	50	8	20	.05	.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: <i>Brian Moore</i> SIGNATURE: _____ DATE: _____ PHONE #: <i>(503) 801-5001</i> CERT #: <i>D-09185</i> <i>T-09363</i>

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:

November 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	.45	320	144	12	7.31	34	Yes	80
2 800	off							
3 800	.48	320	153	11	7.38	37	Yes	80
4 800	off							
5 800	.38	262	100	11	7.33	37	Yes	90
6 800	off							
7 800	.41	288	118	11	7.35	37	Yes	95
8 800	off							
9 800	.42	288	120	11	7.30	37	Yes	90
10 800	off							
11 800	.43	320	137	11	7.32	37	Yes	90
12 800	off							
13 800	.43	262	112	11	7.30	37	Yes	95
14 800	off							
15 800	.46	320	147	11	7.28	35	Yes	90
16 800	off							
17 800	.48	320	153	11	7.31	37	Yes	90
18 800	off							
19 800	.52	288	149	11	7.25	35	Yes	95
20 800	off							
21 800	.47	320	150	10	7.22	38	Yes	90
22 800	off							
23 800	.37	288	107	10	7.23	38	Yes	95
24 800	off							
25 800	.45	288	130	10	7.24	38	Yes	90
26 800	off							
27 800	.50	288	144	9	7.42	43	Yes	95
28 800	off							
29 800	.38	320	122	9	7.40	43	Yes	85
30 800	off							
31 /								

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