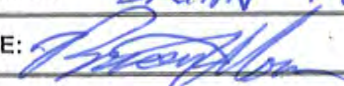


OHA - Drinking Water Program – Turbidity Monitoring Report Form County: Tillamook Cartridge or Bag Filtration

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

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	.04	.09
2						off
3						off
4	58	50	8	20	.05	.09
5						off
6						off
7	58	50	8	20	.10	.13
8						off
9	58	50	8	20	.10	.14
10						off
11	58	50	8	20	.10	.15
12						off
13	58	50	8	20	.09	.11
14						off
15	58	50	8	20	.08	.11
16						off
17	58	50	8	20	.09	.11
18						off
19	58	50	8	20	.10	.13
20						off
21	58	50	8	20	.09	.11
22	58	50	8	20	.10	.13
23						off
24	58	50	8	20	.08	.11
25						off
26	58	50	8	20	.07	.11
27	58	50	8	20	.08	.12
28						off
29	58	50	8	20	.09	.12
30						off
31	58	50	8	20	.10	.13

Cartridge Filtration	Monthly Summary (Answer Yes or No)	
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	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: Brian Moore	
	SIGNATURE: 	DATE: 12-31-2023
	PHONE #: (503) 801-5001	CERT #: D-09185 T-09363

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: December 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	.38	288	109	9°	7.2	40	Yes	90
2 800	off							
3 800	off							
4 800	.35	262	91	9	7.2	40	Yes	95
5 800	off							
6 800	off							
7 800	.45	288	129	9	7.3	42	Yes	90
8 800	off							
9 800	.41	360	148	9	7.3	42	Yes	80
10 800	off							
11 800	.48	288	138	10	7.3	39	Yes	90
12 800	off							
13 800	.55	320	126	9	7.3	41	Yes	85
14 800	off							
15 800	.42	320	134	9	7.3	42	Yes	90
16 800	off							
17 800	.45	320	144	9	7.3	42	Yes	80
18 800	off							
19 800	.35	320	112	9	7.2	40	Yes	80
20 800	off							
21 800	.38	360	136	9	7.2	40	Yes	80
22 800	.43	360	155	9	7.2	40	Yes	80
23 800	off							
24 800	.40	320	128	9	7.2	40	Yes	75
25 800	off							
26 800	.43	320	137	9	7.2	40	Yes	75
27 800	.35	320	112	9	7.2	40	Yes	80
28 800	off							
29 800	.40	320	128	9	7.2	40	Yes	80
30 800	off							
31 800	.35	288	101	9	7.2	40	Yes	90

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