

# 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: **Jan 2024**

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						off
2	58	50	8	20	.08	.14
3						off
4	58	50	8	20	.08	.10
5						off
6	58	50	8	20	.09	.11
7	58	50	8	20	.10	.13
8						off
9						off
10	58	50	8	20	.10	.13
11						off
12	58	50	8	20	.10	.13
13						off
14	58	50	8	20	.09	.10
15	58	50	8	20	.06	.09
16	58	50	8	20	.06	.10
17						off
18	58	50	8	20	.08	.13
19						off
20	58	50	8	20	.06	.09
21						off
22	58	50	8	20	.08	.12
23						off
24	58	50	8	20	.09	.13
25						off
26	58	50	8	20	.08	.11
27						off
28						off
29	58	50	8	20	.10	.13
30						off
31	58	50	8	20	.10	.13

<b>Cartridge Filtration</b>	<b>Monthly Summary (Answer Yes or No)</b>	
95% of daily turbidity readings ≤ 1 NTU? <input checked="" type="radio"/> Yes / <input type="radio"/> No All daily turbidity readings ≤ 5 NTU? <input checked="" type="radio"/> Yes / <input type="radio"/> No	CT's met everyday? (see back) <input checked="" type="radio"/> Yes / <input type="radio"/> No	All Cl <sub>2</sub> residual at entry point ≥ 0.2 mg/l? <input checked="" type="radio"/> Yes / <input type="radio"/> No
<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.	PRINTED NAME: <b>Brian Moore</b>	
	SIGNATURE: <i>[Signature]</i>	DATE: <b>1-31-2024</b>
	PHONE #: <b>(503) 801-5001</b>	CERT #: <b>D-09185</b> <b>T-09363</b>

<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: Jan 2024

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 <del>800</del>	<del>Off</del>							
2 <del>800</del>	.35	262	91	9	7.2	40	Yes	90
3 <del>800</del>	<del>off</del>							
4 <del>800</del>	.50	288	144	9	7.2	40	Yes	95
5 <del>800</del>	<del>off</del>							
6 <del>800</del>	.35	288	100	9	7.2	40	Yes	90
7 <del>800</del>	.40	262	104	9	7.2	40	Yes	95
8 <del>800</del>	<del>off</del>							
9 <del>800</del>	<del>off</del>							
10 <del>800</del>	.40	288	115	8	7.2	43	Yes	90
11 <del>800</del>	<del>off</del>							
12 <del>800</del>	.42	320	134	8	7.2	43	Yes	85
13 <del>800</del>	<del>off</del>							
14 <del>800</del>	.44	288	126	8	7.2	43	Yes	80
15 <del>800</del>	.40	131	52	8	7.3	44	Yes	180
16 <del>800</del>	.40	192	76	7	7.3	45	Yes	110
17 <del>800</del>	<del>off</del>							
18 <del>800</del>	.53	222	117	6	7.3	49	Yes	100
19 <del>800</del>	<del>off</del>							
20 <del>800</del>	.55	360	198	7	7.2	45	Yes	90
21 <del>800</del>	<del>off</del>							
22 <del>800</del>	.57	288	164	7	7.2	46	Yes	90
23 <del>800</del>	<del>off</del>							
24 <del>800</del>	.40	288	115	7	7.2	45	Yes	90
25 <del>800</del>	<del>off</del>							
26 <del>800</del>	.40	320	128	7	7.2	45	Yes	90
27 <del>800</del>	<del>off</del>							
28 <del>800</del>	<del>off</del>							
29 <del>800</del>	.41	262	107	9	7.2	40	Yes	95
30 <del>800</del>	<del>off</del>							
31 <del>800</del>	.45	288	129	9	7.2	40	Yes	90

<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)