

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: Feb 2024

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						off
2	60	50	10	20	.07	.10
3						off
4	60	50	10	20	.07	.10
5						off
6	60	50	10	20	.06	.09
7						off
8	60	50	10	20	.08	.10
9						off
10	60	50	10	20	.06	.09
11						off
12	60	50	10	20	.05	.09
13						off
14	60	50	10	20	.06	.09
15						off
16	60	50	10	20	.06	.09
17						off
18	60	50	10	20	.05	.08
19						off
20	60	50	10	20	.05	.08
21						off
22	60	50	10	20	.05	.07
23						off
24	60	50	10	20	.06	.08
25						off
26	60	50	10	20	.08	.11
27						off
28	60	50	10	20	.10	.13
29						off
30						
31						

<p>Cartridge Filtration</p> <p>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</p> <p>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.</p>	<p style="text-align: center;">Monthly Summary (Answer Yes or No)</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">CT's met everyday? (see back) <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No</td> <td style="width: 67%;">All Cl₂ residual at entry point ≥ 0.2 mg/l? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No</td> </tr> </table> <p>PRINTED NAME: <u>Bryan Moore</u></p> <p>SIGNATURE: <u>[Signature]</u> DATE: <u>2-29-2024</u></p> <p>PHONE #: (<u>503</u>) <u>801-5001</u> CERT #: <u>D-09185</u> <u>T-09363</u></p>	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
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		

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: *Feb 2024*

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 <i>8:00</i>	<i>off</i>							
2 <i>8:00</i>	<i>.41</i>	<i>288</i>	<i>118</i>	<i>9</i>	<i>7.2</i>	<i>40</i>	<i>Yes</i>	<i>80</i>
3 <i>8:00</i>	<i>off</i>							
4 <i>8:00</i>	<i>.45</i>	<i>288</i>	<i>129</i>	<i>9</i>	<i>7.2</i>	<i>40</i>	<i>Yes</i>	<i>85</i>
5 <i>8:00</i>	<i>off</i>							
6 <i>8:00</i>	<i>.48</i>	<i>288</i>	<i>138</i>	<i>9</i>	<i>7.2</i>	<i>40</i>	<i>Yes</i>	<i>80</i>
7 <i>8:00</i>	<i>off</i>							
8 <i>8:00</i>	<i>.48</i>	<i>288</i>	<i>138</i>	<i>9</i>	<i>7.2</i>	<i>40</i>	<i>Yes</i>	<i>85</i>
9 <i>8:00</i>	<i>off</i>							
10 <i>8:00</i>	<i>.48</i>	<i>320</i>	<i>154</i>	<i>9</i>	<i>7.2</i>	<i>40</i>	<i>Yes</i>	<i>80</i>
11 <i>8:00</i>	<i>off</i>							
12 <i>8:00</i>	<i>.43</i>	<i>288</i>	<i>123</i>	<i>9</i>	<i>7.2</i>	<i>40</i>	<i>Yes</i>	<i>80</i>
13 <i>8:00</i>	<i>off</i>							
14 <i>8:00</i>	<i>.40</i>	<i>288</i>	<i>115</i>	<i>9</i>	<i>7.2</i>	<i>40</i>	<i>Yes</i>	<i>75</i>
15 <i>8:00</i>	<i>off</i>							
16 <i>8:00</i>	<i>.43</i>	<i>320</i>	<i>138</i>	<i>9</i>	<i>7.2</i>	<i>40</i>	<i>Yes</i>	<i>80</i>
17 <i>8:00</i>	<i>off</i>							
18 <i>8:00</i>	<i>.40</i>	<i>288</i>	<i>115</i>	<i>9</i>	<i>7.2</i>	<i>40</i>	<i>Yes</i>	<i>85</i>
19 <i>8:00</i>	<i>off</i>							
20 <i>8:00</i>	<i>.49</i>	<i>288</i>	<i>115</i>	<i>9</i>	<i>7.2</i>	<i>40</i>	<i>Yes</i>	<i>85</i>
21 <i>8:00</i>	<i>off</i>							
22 <i>8:00</i>	<i>.44</i>	<i>320</i>	<i>140</i>	<i>9</i>	<i>7.2</i>	<i>40</i>	<i>Yes</i>	<i>80</i>
23 <i>8:00</i>	<i>off</i>							
24 <i>8:00</i>	<i>.42</i>	<i>320</i>	<i>154</i>	<i>9</i>	<i>7.2</i>	<i>40</i>	<i>Yes</i>	<i>80</i>
25 <i>8:00</i>	<i>off</i>							
26 <i>8:00</i>	<i>.35</i>	<i>288</i>	<i>100</i>	<i>9</i>	<i>7.2</i>	<i>40</i>	<i>Yes</i>	<i>80</i>
27 <i>8:00</i>	<i>off</i>							
28 <i>8:00</i>	<i>.32</i>	<i>288</i>	<i>92</i>	<i>9</i>	<i>7.2</i>	<i>40</i>	<i>Yes</i>	<i>75</i>
29 <i>8:00</i>	<i>off</i>							
30 /								
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