

**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: **April 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	.05	.08
3						off
4	60	50	10	20	.05	.07
5						off
6	60	50	10	20	.05	.07
7						off
8	60	50	10	20	.05	.07
9						off
10	60	50	10	20	.05	.07
11						off
12	60	50	10	20	.05	.08
13						off
14	60	50	10	20	.05	.07
15						off
16	60	50	10	20	.06	.08
17						off
18	60	50	10	20	.05	.07
19						off
20	60	50	10	20	.05	.07
21						off
22	60	50	10	20	.04	.06
23						off
24	60	50	10	20	.04	.07
25						off
26	60	50	10	20	.06	.11
27						off
28	60	50	10	20	.08	.12
29						off
30	60	50	10	20	.07	.10
31						

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	DATE: 4-30-2024
	SIGNATURE: <i>[Signature]</i>	Both level 2
	PHONE #: (503) 801-5001	CERT #: D-09185 T-09363

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: April 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]
1 800	off							
2 800	.41	262	107	10	7.2	39	Yes	80
3 800	off							
4 800	.47	288	135	10	7.2	38	Yes	80
5 800	off							
6 800	.54	288	156	10	7.3	39	Yes	85
7 800	off							
8 800	.42	240	100	10	7.2	38	Yes	85
9 800	off							
10 800	.40	288	115	10	7.2	38	Yes	80
11 800	off							
12 800	.39	288	112	10	7.3	39	Yes	80
13 800	off							
14 800	.44	240	105	10	7.3	39	Yes	90
15 800	off							
16 800	.43	262	112	10	7.2	38	Yes	90
17 800	off							
18 800	.46	288	132	10	7.2	38	Yes	90
19 800	off							
20 800	.49	206	101	11	7.3	37	Yes	100
21 800	off							
22 800	.49	206	101	11	7.2	35	Yes	100
23 800	off							
24 800	.43	288	123	11	7.2	35	Yes	90
25 800	off							
26 800	.39	320	125	11	7.2	35	Yes	85
27 800	off							
28 800	.37	288	106	11	7.2	35	Yes	85
29 800	off							
30 800	.32	288	92	11	7.2	35	Yes	90
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