

**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:** June 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	60	60	0	20	.09	.11
2	60	60	0	20	.07	.10
3						off
4	60	60	0	20	.08	.12
5						off
6	60	60	0	20	.09	.12
7						off
8	60	60	0	20	.08	.12
9						off
10	60	60	0	20	.09	.12
11						off
12	60	60	0	20	.10	.13
13						off
14	60	60	0	20	.07	.10
15						off
16	60	60	0	20	.06	.08
17						off
18	60	60	0	20	.09	.09
19						off
20	60	60	0	20	.07	.10
21						off
22	60	60	0	20	.08	.11
23						off
24	60	60	0	20	.06	.09
25						off
26	60	60	0	20	.07	.10
27						off
28	60	60	0	20	.06	.10
29						off
30	60	60	0	20	.06	.10
31						off

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

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: June 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 8:00	.47	240	112	12	7.3	34	Yes	120
2 8:00	.43	222	95	12	7.3	34	Yes	125
3 8:00	off							
4 8:00	.35	262	91	12	7.3	34	Yes	110
5 8:00	off							
6 8:00	.25	262	65	12	7.3	34	Yes	110
7 8:00	OFF							
8 8:00	.45	206	93	12	7.3	34	Yes	130
9 8:00	OFF							
10 8:00	.43	206	89	12	7.3	34	Yes	125
11 8:00	off							
12 8:00	.40	240	96	13	7.3	31	Yes	125
13 8:00	off							
14 8:00	.53	240	127	13	7.3	31	Yes	120
15 8:00	OFF							
16 8:00	.47	222	104	13	7.3	31	Yes	120
17 8:00	off							
18 8:00	.42	240	100	13	7.3	31	Yes	115
19 8:00	OFF							
20 8:00	.45	192	86	13	7.3	31	Yes	130
21 8:00	off							
22 8:00	.40	222	88	13	7.3	31	Yes	120
23 8:00	off							
24 8:00	.41	206	84	13	7.3	31	Yes	130
25 8:00	off							
26 8:00	.40	192	76	13	7.3	31	Yes	135
27 8:00	off							
28 8:00	.42	206	87	13	7.3	31	Yes	130
29 8:00	off							
30 8:00	.35	206	72	13	7.3	31	Yes	130
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