

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: **July 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	60	0	20	.06	.09
3						off
4	60	60	0	20	.06	.09
5	60	60	0	20	.07	.10
6	60	60	0	20	.06	.09
7	60	60	0	20	.06	.08
8	60	60	0	20	.06	.09
9	60	60	0	20	.06	.09
10	60	60	0	20	.06	.08
11	60	60	0	20	.06	.08
12	60	60	0	20	.07	.08
13	60	60	0	20	.06	.08
14	60	60	0	20	.06	.08
15	60	60	0	20	.06	.08
16	60	60	0	20	.06	.08
17	60	60	0	20	.06	.09
18	60	60	0	20	.06	.08
19	60	60	0	20	.06	.08
20	60	60	0	20	.06	.08
21	60	60	0	20	.06	.08
22	60	60	0	20	.06	.07
23	60	60	0	20	.05	.07
24	60	60	0	20	.05	.07
25	60	60	0	20	.05	.07
26	60	60	0	20	.05	.08
27	60	60	0	20	.05	.08
28	60	60	0	20	.05	.08
29	60	60	0	20	.05	.07
30	60	60	0	20	.05	.07
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: <i>Debra Florence</i>	
	SIGNATURE: <i>[Signature]</i>	DATE: <i>7/31/2024</i>
	PHONE #: <i>(503) 501-5001</i>	CERT #: <i>D-09185</i> <i>T-09363</i>

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: July 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	.40	180	72	14	7.3	29	Yes	140
3 800	off							
4 800	.46	160	73	14	7.3	29	Yes	160
5 800	.43	137	59	14	7.3	29	Yes	180
6 800	.46	120	55	15	7.3	26	Yes	200
7 800	.56	115	64	16	7.3	25	Yes	220
8 800	.53	144	76	16	7.3	25	Yes	200
9 800	.45	152	68	16	7.3	25	Yes	190
10 800	.45	152	68	16	7.3	25	Yes	190
11 800	.46	160	73	16	7.3	25	Yes	190
12 800	.43	152	65	16	7.2	24	Yes	195
13 800	.48	152	73	16	7.2	24	Yes	190
14 800	.50	144	72	16	7.2	24	Yes	195
15 800	.43	144	62	17	7.2	22	Yes	200
16 800	.40	144	57	16	7.2	24	Yes	190
17 800	.38	160	60	16	7.2	24	Yes	180
18 800	.42	192	80	16	7.2	24	Yes	150
19 800	.44	169	74	16	7.2	24	Yes	160
20 800	.48	169	81	16	7.2	24	Yes	160
21 800	.50	152	76	16	7.2	24	Yes	160
22 800	.40	169	67	16	7.2	24	Yes	150
23 800	.42	100	67	16	7.2	24	Yes	170
24 800	.50	169	85	16	7.2	24	Yes	160
25 800	.45	169	76	16	7.2	24	Yes	160
26 800	.40	169	67	16	7.2	24	Yes	160
27 800	.53	180	95	16	7.2	24	Yes	165
28 800	.55	206	113	16	7.2	24	Yes	140
29 800	.55	192	105	16	7.2	24	Yes	140
30 800	.45	240	108	16	7.2	24	Yes	120
31 800	off							

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