

# 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: Oct 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	65	65	0	20	.05	.07
2	65	65	0	20	.06	.08
3	65	65	0	20	.05	.07
4	65	65	0	20	.06	.08
5	65	65	0	20	.08	.08
6	65	65	0	20	.06	.08
7	65	65	0	20	.05	.07
8	65	65	0	20	.05	.07
9	65	65	0	20	.05	.07
10	65	65	0	20	.05	.07
11	65	65	0	20	.06	.07
12	65	65	0	20	.06	.07
13	65	65	0	20	.06	.07
14	65	65	0	20	.05	.07
15	65	65	0	20	.05	.07
16	65	65	0	20	.05	.07
17	65	65	0	20	.05	.08
18	65	65	0	20	.05	.07
19	65	65	0	20	.05	.07
20	65	65	0	20	.05	.06
21	65	65	0	20	.06	.08
22	65	65	0	20	.06	.07
23	65	65	0	20	.05	.07
24	65	65	0	20	.05	.06
25	65	65	0	20	.05	.07
26	65	65	0	20	.04	.06
27	65	65	0	20	.04	.08
28	65	65	0	20	.05	.07
29	65	65	0	20	.05	.07
30	65	65	0	20	.05	.07
31	65	65	0	20	.06	.08

<b>Cartridge Filtration</b>  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	<b>Monthly Summary (Answer Yes or No)</b>  CT's met everyday? (see back) <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No All Cl <sub>2</sub> residual at entry point ≥ 0.2 mg/l? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> 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: <u>BRIAN MOORE</u>  SIGNATURE: <u>[Signature]</u>  DATE: <u>10-31-2024</u>  PHONE #: <u>(503) 801-5001</u>  CERT #: <u>D-09185</u> <u>T-09363</u>

<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: Oct 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]
1 800	.32	222	71	15	7.2	25	Yes	100
2 900	.30	262	78	15	7.2	25	Yes	90
3 900	.38	262	99	15	7.2	25	Yes	90
4 900	.40	262	104	15	7.2	25	Yes	90
5 900	.38	288	109	15	7.2	25	Yes	80
6 900	.38	288	109	14	7.2	26	Yes	80
7 900	.35	288	100	14	7.2	26	Yes	85
8 900	.32	262	83	14	7.2	26	Yes	85
9 900	.34	288	97	14	7.2	26	Yes	80
10 900	.33	288	95	14	7.2	26	Yes	75
11 900	.35	288	100	14	7.2	26	Yes	80
12 900	.38	288	109	14	7.2	28	Yes	80
13 900	.40	262	105	14	7.2	28	Yes	85
14 900	.42	262	110	14	7.2	28	Yes	85
15 900	.48	320	153	14	7.2	28	Yes	80
16 900	.41	288	118	14	7.2	28	Yes	85
17 900	.34	320	108	13	7.2	30	Yes	80
18 900	.30	288	86	13	7.2	30	Yes	80
19 900	.30	320	96	13	7.2	30	Yes	80
20 900	.31	288	89	13	7.2	30	Yes	85
21 900	.33	262	86	13	7.2	30	Yes	90
22 900	.35	320	112	13	7.2	30	Yes	80
23 900	.35	288	100	13	7.2	30	Yes	80
24 900	.35	360	126	13	7.2	30	Yes	80
25 900	.36	288	103	13	7.2	30	Yes	85
26 900	.30	320	96	13	7.2	30	Yes	90
27 900	.32	288	92	12	7.2	33	Yes	90
28 900	.32	288	92	12	7.2	33	Yes	95
29 900	.29	320	92	12	7.2	33	Yes	90
30 900	.37	320	118	12	7.2	33	Yes	80
31 900	.40	320	128	12	7.2	33	Yes	80

<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)