

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: *Nov 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	65	62	3	20	.05	.08
3						OFF
4	65	62	3	20	.06	.08
5	65	61	4	20	.05	.07
6	65	61	4	20	.05	.07
7	65	61	4	20	.05	.07
8	65	60	5	20	.05	.06
9						OFF
10	65	60	5	20	.04	.06
11						OFF
12	65	60	5	20	.05	.07
13						OFF
14	65	63	2	20	.07	.09
15						OFF
16						OFF
17	65	63	2	20	.08	.10
18						OFF
19	65	63	2	20	.10	.12
20						OFF
21	65	63	2	20	.09	.11
22						OFF
23	65	63	2	20	.09	.11
24						OFF
25	65	63	2	20	.09	.10
26						OFF
27	65	63	2	20	.08	.10
28						OFF
29	65	63	2	20	.06	.09
30						OFF
31						

Filter
Clean

Cartridge Filtration 95% of daily turbidity readings ≤ 1 NTU? <input checked="" type="radio"/> Yes / No All daily turbidity readings ≤ 5 NTU? <input checked="" type="radio"/> Yes / No	Monthly Summary (Answer Yes or No) CT's met everyday? (see back) <input checked="" type="radio"/> Yes / No All Cl ₂ residual at entry point ≥ 0.2 mg/l? <input checked="" type="radio"/> 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>Brian Moore</i>
	SIGNATURE: <i>[Signature]</i>
	PHONE #: (503) 801-5001
	DATE: <i>11-30-2024</i> <i>Both level 2</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: *Nov 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 1200	.34	360	122	12	7.2	33	Yes	80
3 800	OFF							
4 800	.30	262	78	12	7.2	33	Yes	95
5 800	.35	288	100	12	7.2	33	Yes	90
6 800	.37	262	96	11	7.2	35	Yes	95
7 800	.44	288	126	11	7.2	35	Yes	90
8 800	.38	288	109	11	7.2	35	Yes	90
9 800	OFF							
10 800	.47	288	135	11	7.2	35	Yes	90
11 800	OFF							
12 800	.42	262	110	11	7.2	35	Yes	95
13 800	OFF							
14 800	.30	288	86	11	7.2	35	Yes	90
15 800	OFF							
16 800	OFF							
17 800	.37	288	107	11	7.2	35	Yes	90
18 800	OFF							
19 800	.40	288	115	10	7.2	38	Yes	90
20 800	OFF							
21 800	.45	320	144	10	7.2	38	Yes	80
22 800	OFF							
23 800	.40	320	128	10	7.2	38	Yes	80
24 800	OFF							
25 800	.50	288	144	10	7.2	38	Yes	90
26 800	OFF							
27 800	.50	320	160	10	7.2	38	Yes	85
28 800	OFF							
29 800	.45	288	130	10	7.2	38	Yes	95
30 800	OFF							
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