

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

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>Bradley Morris</i> SIGNATURE: <i>[Signature]</i> DATE: 12-31-2024 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: Dec 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	.60	262	157	9	7.2	40	Yes	100
2 800	off							
3 800	.52	288	149	8	7.1	41	Yes	90
4 800	off							
5 800	.46	360	165	8	7.1	41	Yes	80
6 800	off							
7 1300	.39	360	140	8	7.1	41	Yes	80
8 1300	off							
9 800	.42	288	120	8	7.1	41	Yes	90
10 800	off							
11 800	.38	360	136	8	7.1	41	Yes	80
12 800	off							
13 800	.35	360	126	8	7.1	41	Yes	80
14 800	off							
15 800	.45	320	144	8	7.1	41	Yes	85
16 800	off							
17 800	.41	320	131	8	7.2	43	Yes	80
18 800	off							
19 800	.35	360	126	8	7.1	41	Yes	85
20 800	off							
21 800	.40	320	128	8	7.1	41	Yes	85
22 800	off							
23 800	.40	288	115	8	7.1	41	Yes	90
24 800	off							
25 800	.32	320	102	8	7.1	41	Yes	85
26 800	off							
27 800	.33	480	158	8	7.1	41	Yes	50
28 800	off							
29 800	.38	288	109	8	7.1	41	Yes	95
30 800	off							
31 800	.49	320	156	9	7.1	39	Yes	85

² If Cl₂ at entry point < 0.2 mg/l, OR CT not met, notify DWP by end of next business day.