

OHA - Drinking Water Program – Turbidity Monitoring Report Form County: Tillamook Cartridge or Bag Filtration

System Name: **NEHÀLEM, CITY OF** ID #: **OR4100554** WTP: **WTP-A** Month/Year: **Jan 2025**

DAY	PSI Before Filter	PSI After Filter	PSID	PSID When to Change Filter	Daily Turbidity Reading [NTU]	Highest Reading of the Day [NTU]
1						off
2	65	60	5	20	.06	.08
3						off
4	65	60	5	20	.06	.08
5						off
6	65	60	5	20	.06	.08
7						off
8	65	59	6	20	.06	.08
9						off
10	65	59	6	20	.06	.08
11						off
12	65	59	6	20	.06	.08
13						off
14	65	58	7	20	.05	.07
15						off
16	65	57	8	20	.05	.07
17						off
18	65	57	8	20	.05	.07
19						off
20	65	57	8	20	.05	.07
21						off
22	65	57	8	20	.04	.06
23						off
24	65	56	9	20	.04	.06
25						off
26	65	56	9	20	.04	.06
27						off
28	65	56	9	20	.03	.05
29						off
30	65	55	10	20	.03	.06
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: BRIAN MOORE SIGNATURE: <i>[Signature]</i> DATE: 1-31-2025 PHONE #: (503) 801-5001 CERT #: D-09185 T-09363 Both level 2

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: Jan 2025

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	off							
2 8:00	.46	262	120	9	7.2	40	Yes	100
3 8:00	off							
4 8:00	.49	288	141	9	7.2	40	Yes	100
5 8:00	off							
6 8:00	.46	288	132	9	7.2	40	Yes	100
7 8:00	off							
8 8:00	.40	320	128	9	7.2	40	Yes	90
9 8:00	off							
10 8:00	.41	320	131	9	7.2	40	Yes	85
11 8:00	off							
12 8:00	.35	288	101	9	7.2	40	Yes	90
13 8:00	off							
14 8:00	.47	320	150	9	7.2	40	Yes	85
15 8:00	off							
16 8:00	.48	320	153	8	7.2	43	Yes	80
17 8:00	off							
18 8:00	.45	320	144	8	7.2	43	Yes	85
19 8:00	off							
20 8:00	.48	288	138	8	7.2	43	Yes	90
21 8:00	off							
22 8:00	.42	320	134	8	7.2	43	Yes	80
23 8:00	off							
24 8:00	.41	360	147	7	7.2	45	Yes	75
25 8:00	off							
26 8:00	.45	320	144	7	7.2	45	Yes	80
27 8:00	off							
28 8:00	.54	288	155	7	7.2	45	Yes	90
29 8:00	off							
30 8:00	.41	320	131	7	7.2	45	Yes	85
31 8:00	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