

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: **Sept 2021**

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	54	54	0	20	.05	.09
3						off
4	54	54	0	20	.05	.08
5						off
6	54	54	0	20	.05	.07
7						off
8	54	54	0	20	.05	.08
9						off
10	54	54	0	20	.05	.07
11						off
12	54	54	0	20	.05	.09
13						off
14	54	54	0	20	.05	.08
15						off
16	54	54	0	20	.06	.08
17						off
18	54	54	0	20	.06	.06
19						off
20	54	54	0	20	.10	.13
21						off
22						off
23	48	46	2	20	.06	.09
24	48	46	2	20	.06	.10
25						off
26	48	46	2	20	.04	.08
27						off
28	48	46	2	20	.07	.10
29						off
30	48	46	2	20	.06	.09
31						

<p>Cartridge Filtration</p> <p>95% of daily turbidity readings ≤ 1 NTU? <input type="checkbox"/> Yes / <input checked="" type="checkbox"/> No All daily turbidity readings ≤ 5 NTU? <input type="checkbox"/> Yes / <input checked="" type="checkbox"/> No</p> <p>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.</p>	<p style="text-align: center;">Monthly Summary (Answer Yes or No)</p> <table style="width: 100%;"> <tr> <td style="width: 50%;">CT's met everyday? (see back) <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No</td> <td style="width: 50%;">All Cl₂ residual at entry point ≥ 0.2 mg/l? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No</td> </tr> </table> <p>PRINTED NAME: <i>Brian Morris</i></p> <p>SIGNATURE: <i>[Signature]</i> DATE: <i>10-1-2021</i></p> <p>PHONE #: <i>(503) 801-5001</i> CERT #: <i>D-09185</i> <i>T-09363</i> <i>Path Level 2</i></p>	CT's met everyday? (see back) <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	All Cl ₂ residual at entry point ≥ 0.2 mg/l? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No
CT's met everyday? (see back) <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	All Cl ₂ residual at entry point ≥ 0.2 mg/l? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No		

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: Sept 2021

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 Boo	off							
2 Boo	.6	288	173	16	7.3	26	Yes	521
3 Boo	off							
4 Boo	.6	332	199	15	7.3	27	Yes	451
5 Boo	off							
6 Boo	.6	309	185	15	7.3	27	Yes	486
7 Boo	off							
8 Boo	.5	309	154	15	7.3	27	Yes	486
9 Boo	off							
10 Boo	.45	332	149	15	7.2	26	Yes	451
11 Boo	off							
12 Boo	.6	270	162	15	7.3	26	Yes	556
13 Boo	off							
14 Boo	.5	360	180	15	7.2	25	Yes	417
15 Boo	off							
16 Boo	.5	332	166	15	7.2	25	Yes	461
17 Boo	off							
18 Boo	.4	393	157	15	7.2	25	Yes	382
19 Boo	off							
20 Boo	.3	432	129	15	7.1	24	Yes	347
21 Boo	off							
22 Boo	off							
23 Boo	.3	393	117	15	7.5	28	Yes	382
24 Boo	.6	393	236	15	7.6	30	Yes	382
25 Boo	off							
26 Boo	.6	393	236	15	7.4	28	Yes	382
27 Boo	off							
28 Boo	.45	393	176	15	7.4	27	Yes	382
29 Boo	off							
30 Boo	.5	360	180	15	7.5	28	Yes	417
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