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:**

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	57	8	20	.11	.14
3	65	57	8	20	.10	.13
4	65	57	8	20	.10	.13
5	65	57	8	20	.10	.13
6	65	57	8	20	.08	.11
7	65	57	8	20	.08	.11
8	65	57	8	20	.08	.10
9	65	57	8	20	.08	.11
10	65	57	8	20	.07	.09
11	65	57	8	20	.07	.10
12	65	57	8	20	.06	.09
13						off
14	65	57	8	20	.06	.09
15	65	57	8	20	.06	.08
16	65	57	8	20	.07	.09
17	65	57	8	20	.06	.09
18	65	57	8	20	.05	.08
19	65	57	8	20	.05	.09
20	65	57	8	20	.05	.08
21	65	57	8	20	.06	.09
22						off
23	65	57	8	20	.06	.09
24						off
25						off
26	65	57	8	20	.10	.14
27						off
28	65	57	8	20	.11	.15
29						off
30	65	57	8	20	.10	.13
31						off

Cartridge Filtration

95% of daily turbidity readings ≤ 1 NTU? (Yes) / No
All daily turbidity readings ≤ 5 NTU? (Yes) / No

Monthly Summary (Answer Yes or No)

CT's met everyday? (see back) (Yes) / No

All Cl_2 residual at entry point ≥ 0.2 mg/l? (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: [signature]

DATE: 10/31/2025

PHONE #: (503) 801-5001

Both level 2
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:

Date / Time	Minimum Cl_2 Residual at 1st 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	off							
2	.30	222	66	14	7.1	24	Yes	130
3	.30	240	72	14	7.1	26	Yes	125
4	.31	222	69	14	7.1	26	Yes	130
5	.32	222	71	14	7.1	26	Yes	125
6	.30	206	62	14	7.1	26	Yes	140
7	.35	206	72	14	7.1	26	Yes	140
8	.41	206	84	14	7.1	26	Yes	130
9	.40	222	89	14	7.1	26	Yes	130
10	.38	240	91	14	7.2	28	Yes	120
11	.38	240	91	14	7.2	28	Yes	120
12	.37	240	89	14	7.2	28	Yes	120
13	off							
14	.32	240	77	13	7.2	30	Yes	120
15	.30	262	78	13	7.2	30	Yes	100
16	.35	240	84	13	7.2	30	Yes	120
17	.30	262	78	13	7.2	30	Yes	100
18	.42	262	110	13	7.2	30	Yes	100
19	.35	240	84	13	7.2	30	Yes	110
20	.35	222	78	12	7.2	33	Yes	130
21	.32	262	84	12	7.2	33	Yes	120
22	off							
23	.42	288	120	12	7.2	33	Yes	100
24	off							
25	off							
26	.44	262	115	12	7.2	33	Yes	110
27	off							
28	.35	262	92	12	7.2	33	Yes	100
29	off							
30	.35	262	92	12	7.2	33	Yes	110
31	Off							

[2] If Cl_2 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