

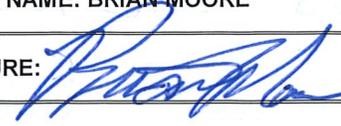
OHA - Drinking Water Services – Turbidity Monitoring Report Form
 Cartridge or Bag Filtration

County: Tillamook

Month/Year: 11-2025

Nov

System Name: City of Nehalem		ID# 41-00554		WTP ID: WTP-A		
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						OFF
3	65	57	8	20	.10	.13
4						OFF
5	65	57	8	20	.09	.13
6	65	57	8	20	.10	.14
7						OFF
8	65	57	8	20	.07	.10
9						OFF
10	65	57	8	20	.06	.09
11						OFF
12	65	57	8	20	.06	.09
13						OFF
14	65	57	8	20	.05	.08
15						OFF
16	65	57	8	20	.06	.09
17						OFF
18	65	57	8	20	.07	.10
19						OFF
20	65	57	8	20	.06	.09
21						OFF
22	65	57	8	20	.05	.08
23						OFF
24	65	57	8	20	.05	.08
25						OFF
26	65	57	8	20	.05	.07
27						OFF
28	65	57	8	20	.06	.08
29						OFF
30	65	57	8	20	.06	.08
31						

Cartridge Filtration		Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings ≤ 1 NTU? All daily turbidity readings ≤ 5 NTU?	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No <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
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		DATE: 11/30/2025
	SIGNATURE: 		Both level 2
	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.

Nov

OHA - Drinking Water Services – Surface Water Quality Data Form

Month/Year: 11-2025

System Name: City of Nehalem			ID# 41-00554			WTP: WTP-A		
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 1000	OFF							
3 800	.59	240	142	7.2	7.2	33	Yes	120
4 800	OFF							
5 800	.60	222	133	11	7.2	36	Yes	120
6 800	.45	262	118	11	7.2	35	Yes	100
7 1000	OFF							
8 800	.38	262	100	11	7.2	35	Yes	100
9 800	OFF							
10 800	.40	180	72	11	7.2	35	Yes	140
11 900	OFF							
12 800	.37	262	97	11	7.2	35	Yes	105
13 800	OFF							
14 800	.45	288	130	11	7.2	35	Yes	90
15 800	OFF							
16 800	.42	262	110	11	7.2	35	Yes	100
17 800	OFF							
18 800	.39	262	102	11	7.2	35	Yes	110
19 800	OFF							
20 800	.42	262	110	11	7.2	35	Yes	100
21 800	OFF							
22 800	.45	288	130	11	7.2	35	Yes	100
23 800	OFF							
24 800	.50	262	131	11	7.2	35	Yes	110
25 1000	OFF							
26 800	.48	288	138	10	7.2	38	Yes	95
27 1000	OFF							
28 1000	.44	240	106	10	7.2	38	Yes	120
29 1000	OFF							
30 800	.38	262	100	10	7.2	38	Yes	105
31 /								

² If Cl₂ at entry point < 0.2 mg/l, OR CT not met, notify DWS within 24 hours. Revised November 2022
 Download form at: public.health.oregon.gov/HealthyEnvironments/DrinkingWater/Monitoring/Documents/turb-cartridge.pdf

Return by 10th of following month by email, fax or mail to:
dlp.dmcce@oha.oregon.gov; Fax 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR
 97293-0350
 PAGE 2 of 2