

Dec

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

County: Tillamook  
 Month/Year: 12/2025

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 <sup>1</sup> [NTU]
1	off					
2	65	57	8	20	.05	.08
3						off
4	65	57	8	20	.05	.08
5	65	57	8	20	.06	.09
6						off
7	65	57	8	20	.07	.10
8						off
9						off
10						off
11						off
12						off
13	65	57	8	20	.11	.15
14	65	57	8	20	.10	.14
15	65	57	8	20	.11	.14
16						off
17	65	57	8	20	.12	.15
18	65	57	8	20	.11	.13
19						off
20	65	57	8	20	.08	.12
21						off
22	65	57	8	20	.06	.09
23	65	57	8	20	.07	.10
24	65	57	8	20	.06	.09
25	65	57	8	20	.05	.08
26	65	57	8	20	.06	.09
27						off
28	65	57	8	20	.07	.09
29						off
30	65	57	8	20	.05	.08
31						off

<b>Cartridge Filtration Monthly Summary</b>  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  <b>Notes:</b> 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.	<b>Monthly Summary (Answer Yes or No)</b>  CT's met everyday? (see back) <input checked="" type="checkbox"/> Yes / No All Cl <sub>2</sub> residual at entry point ≥ 0.2 mg/l? <input checked="" type="checkbox"/> Yes / No	
	PRINTED NAME: BRIAN MOORE SIGNATURE:  PHONE #: (503)801-5001	DATE: 12/31/2025  Both level 2 CERT #: D-09185 T-09363

<sup>1</sup> Including continuous turbidity data, if applicable, for optimization recording purposes. Compliance values in "Daily Turbidity Reading" Column may not correspond to continuous readings' maximum.

Dec

OHA - Drinking Water Services – Surface Water Quality Data Form

Month/Year: 12/2025

System Name: City of Nehalem

ID# 41-00554

WTP: WTP-A

Storm  
Plant  
off

Date / Time	Minimum Cl <sub>2</sub> Residual at 1 <sup>st</sup> User (C) <sup>2</sup>	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? <sup>2</sup>	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	C X T	[° C]		Use tables	Yes / No	[GPM]
1 800	off							off
2 800	.48	240	115	10	7.2	38	Yes	110
3 800	off							
4 800	.52	288	150	10	7.3	39	Yes	100
5 800	.45	288	130	10	7.3	39	Yes	95
6 800	off							
7 800	.54	288	156	10	7.3	39	Yes	90
8 800	off							
9 800	off							
10 800	off							
11 800	off							
12 800	off							
13 800	.55	288	158	10	7.0	35	yes	100
14 800	.43	262	113	10	7.1	36	yes	100
15 800	.63	222	140	11	7.2	36	Yes	115
16 800	off							
17 800	.44	288	127	11	7.2	36	Yes	100
18 800	.35	576	202	11	7.2	36	Yes	50
19 800	off							
20 800	.42	240	100	10	7.2	36	Yes	120
21 800	off							
22 800	.43	160	69	10	7.2	36	Yes	150
23 800	.43	169	73	10	7.2	36	Yes	140
24 800	.53	144	76	10	7.2	36	Yes	160
25 800	.48	262	126	10	7.2	36	Yes	120
26 800	.50	320	160	10	7.2	36	Yes	90
27 800	off							
28 800	.45	262	118	10	7.2	38	Yes	100
29 800	off							
30 800	.50	240	120	9	7.2	40	Yes	120
31 800	off							

<sup>2</sup> If Cl<sub>2</sub> 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](http://public.health.oregon.gov/HealthyEnvironments/DrinkingWater/Monitoring/Documents/turb-cartridge.pdf)