

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: **TILLAMOOK**  
 Month/Year: **Mar-21**

Conventional or Direct Filtration

System Name: **Brighton Water Co** ID#: **41** **05104** WTP : **TP -**

Day	12 AM [NTU]	4 AM [NTU]	8 AM [NTU]	NOON [NTU]	4 PM [NTU]	8 PM [NTU]	Highest Reading of the Day <sup>1</sup> [NTU]
1						0.40	
2						0.40	
3						0.38	
4						0.37	
5						0.35	
6						0.32	
7						0.30	
8						0.30	
9						0.32	
10						0.30	
11						0.33	
12						0.34	
13						0.35	
14						0.33	
15						0.32	
16						0.30	
17						0.28	
18						0.28	
19						0.30	
20						0.30	
21						0.35	
22						0.35	
23						0.40	
24						0.38	
25						0.35	
26						0.38	
27						0.40	
28						0.40	
29						0.42	
30						0.38	
31						0.35	

Conventional or Direct Filtration	Monthly Summary (Answer Yes or No)	
95% of 4-hour turbidity readings ≤ 0.3 NTU? <b>yes</b>	CT's met everyday? (see back) <b>yes</b>	All Cl2 residual at entry point ≥ 0.2 mg/l? <b>yes</b>
All 4-hour turbidity readings ≤ 1 NTU?		
All turbidity readings < IFE <sup>2</sup> triggers <b>yes</b>		

<b>Notes:</b>	<b>Sherri Stewart</b>	
	<b>SIGNATURE:</b>	<b>4/5/2021</b>
	<b>503 6476485</b>	<b>CERT #:</b>

<sup>1</sup> Including continuous NTU data, if applicable, for optimization recording purposes. Compliance values in columns 12 AM through 8 PM may not correspond to continuous readings' maximum. <sup>2</sup> IFE = Individ. Filter Effl. (333-061-0040(1)(d)(B&C))

OHA - Drinking Water Program - Surface Water Quality Data Form

WTP - :

System Name:	Brighton Water Co	ID#: 41	05104	Month/Year:	Mar-21	Disinfection <i>Giardia</i> Log Inactive:	1
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Date / Time	Minimum Cl <sub>2</sub> Residual at 1st User ( C ) <sup>3</sup>	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? <sup>3</sup>	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	C X T	[° C]		formula	Yes / No	[GPM]
1	0.22		0.0			8.5	yes	
2	0.2		0.0			8.5	yes	
3	0.2		0.0			8.5	yes	
4	0.21		0.0			8.5	yes	
5	0.21		0.0			8.5	yes	
6	0.23		0.0			8.5	yes	
7	0.22		0.0			8.5	yes	
8	0.22		0.0			8.5	yes	
9	0.23		0.0			8.5	yes	
10	0.23		0.0			8.5	yes	
11	0.24		0.0			8.5	yes	
12	0.24		0.0			8.5	yes	
13	0.23		0.0			8.5	yes	
14	0.22		0.0			8.5	yes	
15	0.22		0.0			8.5	yes	
16	0.21		0.0			8.5	yes	
17	0.21		0.0			8.5	yes	
18	0.22		0.0			8.5	yes	
19	0.21		0.0			8.5	yes	
20	0.21		0.0			8.5	yes	
21	0.21		0.0			8.5	yes	
22	0.2		0.0			8.5	yes	
23	0.2		0.0			8.5	yes	
24	0.21		0.0			8.5	yes	
25	0.22		0.0			8.5	yes	
26	0.21		0.0			8.5	yes	
27	0.2		0.0			8.5	yes	
28	0.2		0.0			8.5	yes	
29	0.2		0.0			8.5	yes	
30	0.21		0.0			8.5	yes	
31	0.2		0.0			8.5	yes	

<sup>3</sup> If Cl<sub>2</sub> at entry point < 0.2 mg/l or CT not met, notify DWS within 24 hours.

Revised July 2018

Return by 10th of following month by email, fax, or mail to:  
 dwp.dmce@state.or.us; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350