

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: TILLAMOOK

Conventional or Direct Filtration

Month/Year: May 2023

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				0.38			
2				0.38			
3				0.38			
4				0.40			
5				0.40			
6				0.42			
7				0.40			
8				0.38			
9				0.37			
10				0.35			
11				0.35			
12				0.35			
13				0.32			
14				0.32			
15				0.32			
16				0.30			
17				0.30			
18				0.30			
19				0.30			
20				0.30			
21				0.32			
22				0.32			
23				0.31			
24				0.31			
25				0.30			
26				0.31			
27				0.30			
28				0.30			
29				0.32			
30				0.30			
31				0.30			
<b>Conventional or Direct Filtration</b>				<b>Monthly Summary (Answer Yes or No)</b>			
95% of 4-hour turbidity readings ≤ 0.3 NTU?		yes		CT's met everyday? (see back)		All Cl2 residual at entry point ≥ 0.2 mg/l?	
All 4-hour turbidity readings ≤ 1 NTU?				yes		yes	
All turbidity readings < IFE <sup>2</sup> triggers		yes					
				Sherri Stewart			
				SIGNATURE:		June 4 2023	
				503-647-6485		CERT #:	

<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 = Indivd. 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: May 2023	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	0.2		0.0			8.5	yes	
2	0.2		0.0			8.5	yes	
3	0.21		0.0			8.5	yes	
4	0.21		0.0			8.5	yes	
5	0.21		0.0			8.5	yes	
6	0.22		0.0			8.5	yes	
7	0.21		0.0			8.5	yes	
8	0.21		0.0			8.5	yes	
9	0.2		0.0			8.5	yes	
10	0.2		0.0			8.5	yes	
11	0.21		0.0			8.5	yes	
12	0.21		0.0			8.5	yes	
13	0.2		0.0			8.5	yes	
14	0.2		0.0			8.5	yes	
15	0.2		0.0			8.5	yes	
16	0.2		0.0			8.5	yes	
17	0.2		0.0			8.5	yes	
18	0.21		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	0.2		0.0			8.5	yes	
25	0.21		0.0			8.5	yes	
26	0.21		0.0			8.5	yes	
27	0.21		0.0			8.5	yes	
28	0.2		0.0			8.5	yes	
29	0.2		0.0			8.5	yes	
30	0.2		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](mailto:dwp.dmce@state.or.us); 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350