

OHA - Drinking Water Services - Turbidity Monitoring Report Form

County: Tillamook

Cartridge or Bag Filtration

Month/Year: January 2021

System Name: Kelly's Brighton Marina ID# 41 90922 WTP ID: B

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	18	10	8	15		.80
2	18	10	8			.80
3	20	10	10			.82
4	20	10	10			.82
5	20	10	10			.80
6	22	10	12			.80
7	22	10	12			.84
8	22	10	12			.82
9	24	10	14			.80
10	12	8	4			.78
11	12	8	4			.82
12	12	8	4			.84
13	12	8	4			.83
14	12	8	4			.82
15	12	8	4			.82
16	12	8	4			.82
17	14	8	6			.80
18	14	8	6			.78
19	14	10	4			.78
20	14	10	4			.80
21	14	8	6			.79
22	14	8	6			.80
23	14	8	6			.82
24	14	8	6			.80
25	14	8	6			.78
26	14	8	6			.78
27	14	8	6			.79
28	16	10	6			.82
29	16	10	6			.84
30	16	10	6			.80
31	16	10	6			.82

Cartridge Filtration Monthly Summary		Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings ≤ 1 NTU? All daily turbidity readings ≤ 5 NTU?		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. <u>9716730694</u>		PRINTED NAME: <u>Janice Laviolette</u>	DATE: <u>2-3-21</u>
		SIGNATURE: <u>Janice Laviolette</u>	CERT #:
		PHONE #: <u>(503) 368 5745</u>	

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 Services - Surface Water Quality Data Form

Tillamook Month/Year: January 2021

System Name: Kelly's Brighton marina ID# 41 90922 WTP - B								
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]	CXT	[° C]		Use tables	Yes / No	[GPM]
1/	1.8						Yes	440
2/	1.8							370
3/	1.8							660
4/	1.6							430
5/	1.6							210
6/	1.6							470
7/	2.8							310
8/	2.8							440
9/	2.6							1420
10/	2.6							1660
11/	2.4							640
12/	2.4							180
13/	2.4							150
14/	2.2							180
15/	2.2							110
16/	2.2							680
17/	2.0							810
18/	2.0							140
19/	1.8							180
20/	1.8							120
21/	2.4							160
22/	2.2							660
23/	2.2							890
24/	2.0							820
25/	2.0							640
26/	2.0							110
27/	1.8							120
28/	1.8							90
29/	2.8							140
30/	2.6							1210
31/	2.4							1060

Per Kari Salis

² If Cl₂ at entry point < 0.2 mg/l, OR CT not met, notify DWS within 24 hours.

Revised August 2016

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:

dwp.dmce@state.or.us; Fax 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350.