

OHA - Drinking Water Services - Turbidity Monitoring Report Form

County: Tillamook

Cartridge or Bag Filtration

Month/Year: FEB 2021

System Name: <u>Kelly's Brighton Marina</u> ID# <u>41 90922</u> WTP ID: <u>B</u>						
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	16	10	6			.80
2	16	10	6			.80
3	16	10	6			.78
4	16	10	6			.79
5	16	10	6			.80
6	18	10	8			.80
7	18	10	8			.78
8	18	10	8			.78
9	18	20	8			.81
10	20	10	10			.80
11	20	12	8			.79
12	20	10	10			.82
13	20	10	10			.83
14	20	10	10			.80
15	22	10	12			.84
16	22	12	10			.82
17	22	10	12			.80
18	22	10	12			.82
19	22	10	12			.80
20	10	6	4			.76
21	10	6	4			.79
22	10	6	4			.77
23	10	6	4			.78
24	10	6	4			.82
25	10	6	4			.80
26	10	6	4			.78
27	10	6	4			.80
28	10	6	4			.79
29						
30						
31						

Cartridge Filtration Monthly Summary		Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings ≤ 1 NTU? All daily turbidity readings ≤ 5 NTU?	<u>Yes / No</u> <u>Yes / No</u>	CT's met everyday? (see back) <u>Yes / No</u>	All Cl ₂ residual at entry point ≥ 0.2 mg/l? <u>Yes / No</u>
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>3-8-21</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: FEB 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/	2.4						YES	140
2/	2.4							170
3/	2.4							140
4/	2.0							90
5/	1.8							670
6/	1.8							840
7/	1.8							540
8/	1.4							140
9/	1.4							80
10/	1.4							110
11/	2.0							100
12/	2.0							260
13/	1.8							430
14/	1.6							490
15/	1.6							120
16/	1.6							90
17/	1.4							80
18/	2.2							140
19/	2.2							160
20/	2.2							540
21/	2.0							460
22/	2.0							80
23/	1.8							110
24/	1.6							90
25/	1.6							180
26/	1.4							460
27/	1.4							1120
28/	2.4							650
29/								
30/								
31/								

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