

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

County: Tillamook

Month/Year: 07/21

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 <sup>1</sup> [NTU]
1	12	10	2	15		.59
2	12	10	2			.58
3	12	10	2			.59
4	12	10	2			.57
5	12	10	2			.60
6	12	10	2			.60
7	12	10	2			.61
8	12	10	2			.59
9	12	10	2			.62
10	12	10	2			.63
11	12	10	2			.62
12	12	10	2			.60
13	12	10	2			.61
14	12	10	2			.57
15	12	10	2			.58
16	12	10	2			.58
17	12	10	2			.62
18	12	10	2			.57
19	12	10	2			.57
20	12	10	2			.58
21	12	10	2			.62
22	12	10	2			.61
23	12	10	2			.61
24	12	10	2			.60
25	12	10	2			.61
26	12	10	2			.61
27	12	10	2			.61
28	12	10	2			.59
29	12	10	2			.57
30	12	10	2			.56
31	12	10	2			.57

<b>Cartridge Filtration Monthly Summary</b>		<b>Monthly Summary (Answer Yes or No)</b>	
95% of daily turbidity readings ≤ 1 NTU? All daily turbidity readings ≤ 5 NTU?		CT's met everyday? (see back) Yes/No	All Cl <sub>2</sub> 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>Colin Davis</u>	DATE: <u>8-31-21</u>
		SIGNATURE: <u>[Signature]</u>	CERT #:
		PHONE #: <u>(503) 368-5741</u>	CERT #:

<sup>1</sup> Including continuous turbidity data, if applicable, for optimization recording purposes. Compliant 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: 07/21

System Name: Kelly's Brighton marina ID# 41 90922 WTP - B								
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/	1.8						Yes	1130
2/	1.4							1670
3/	2.4							1810
4/	2.4							1910
5/	2.4							1830
6/	2.4							1700
7/	2.0							1110
8/	1.2							890
9/	1.1							1440
10/	1.2							1560
11/	1.8							2430
12/	1.8							1850
13/	1.4							2420
14/	1.8							1180
15/	1.2							1600
16/	1.4							2240
17/	1.2							2080
18/	1.6							2580
19/	1.1							1500
20/	1.2							1620
21/	1.7							1310
22/	1.2							1530
23/	1.0							2400
24/	2.4							2670
25/	1.4							2160
26/	1.2							3030
27/	1.1							1450
28/	1.0							1470
29/	1.2							1610
30/	1.0							1320
31/	2.6							1670

Per Kim Salis

<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 August 2016

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)

Return by 10<sup>th</sup> of following month by email, fax or mail to:

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