

OHA - Drinking Water Services - Turbidity Monitoring Report Form

County: Tillamook

Cartridge or Bag Filtration

Month/Year: 8/21

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 ¹ [NTU]
1	12	10	2	15		.61
2	12	10	2			.61
3	12	10	2			.60
4	12	10	2			.63
5	12	10	2			.64
6	12	10	2			.64
7	12	10	2			.59
8	12	10	2			.59
9	12	10	2			.60
10	12	10	2			.61
11	12	10	2			.58
12	12	10	2			.57
13	12	10	2			.60
14	12	10	2			.60
15	12	10	2			.61
16	12	10	2			.61
17	12	10	2			.58
18	12	10	2			.63
19	12	10	2			.65
20	12	10	2			.64
21	12	10	2			.61
22	12	10	2			.59
23	12	10	2			.60
24	12	10	2			.70
25	12	10	2			.68
26	12	10	2			.67
27	12	10	2			.60
28	12	10	2			.60
29	12	10	2			.58
30	12	10	2			.61
31	12	10	2			.61

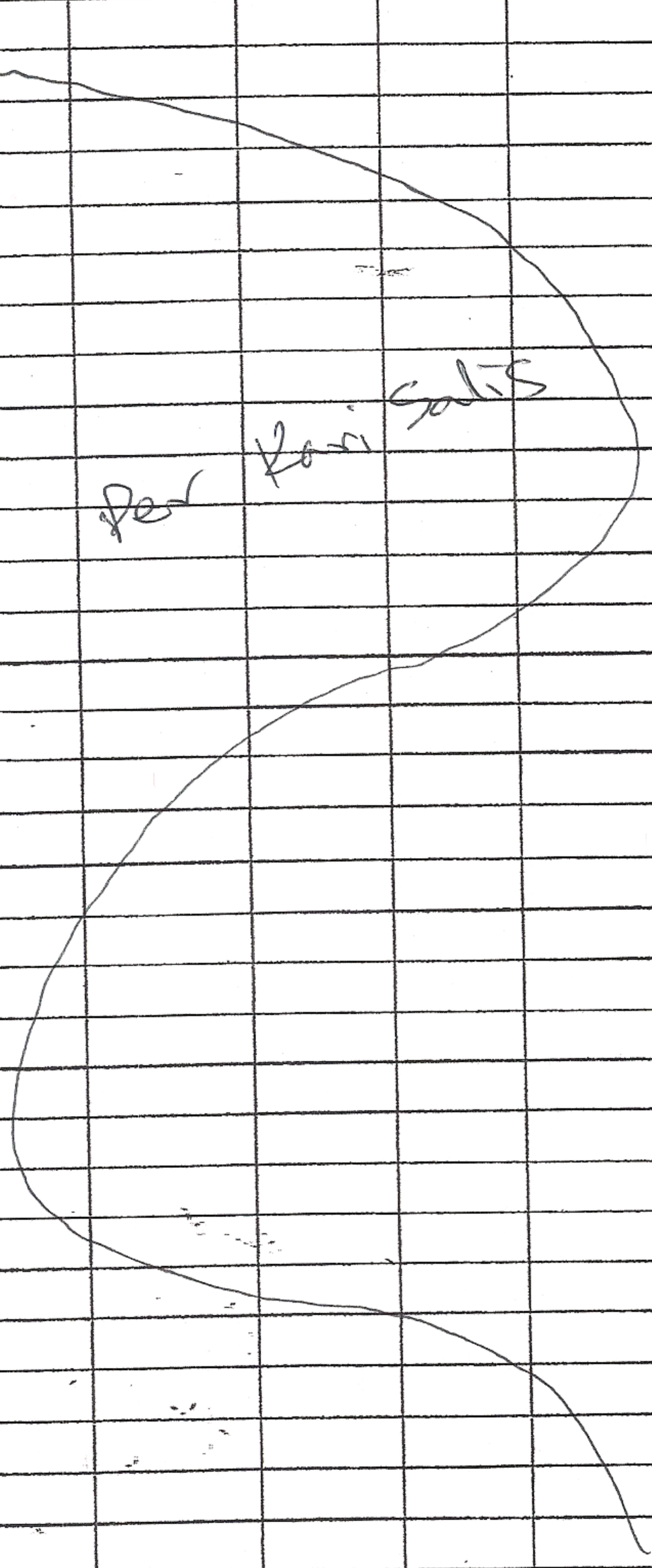
Cartridge Filtration Monthly Summary		Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings ≤ 1 NTU?	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	CT's met everyday? (see back)	All Cl ₂ residual at entry point ≥ 0.2 mg/l?
All daily turbidity readings ≤ 5 NTU?	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No
<p>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></p>		PRINTED NAME: <u>Colin Davis</u> SIGNATURE: <u>Colin Davis</u> DATE: <u>8-31-21</u> PHONE #: <u>(503) 368-5745</u> CERT #:	

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: 8/21

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/	2.6						YES	2350
2/	1.0							2860
3/	1.2							1240
4/	1.8							2810
5/	2.2							2390
6/	2.0							1740
7/	1.1							1790
8/	1.8							2810
9/	1.8							1400
10/	1.8							1500
11/	1.4							1630
12/	1.4							2510
13/	1.4							1880
14/	1.8							2370
15/	1.6							2110
16/	1.1							1500
17/	1.4							1260
18/	1.6							1760
19/	1.4							1320
20/	1.2							1840
21/	1.6							2760
22/	1.6							1770
23/	1.6							1310
24/	1.4							1700
25/	1.4							1330
26/	1.4							1750
27/	1.3							1540
28/	1.5							2250
29/	1.5							2760
30/	1.4							1110
31/	1.4							1200



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