

OHA - Drinking Water Services - Turbidity Monitoring Report Form

County: Tillamook

Cartridge or Bag Filtration

Month/Year: 9/21

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		.55
2	12	10	2			.56
3	12	10	2			.61
4	12	10	2			.61
5	12	10	2			.62
6	12	10	2			.57
7	12	10	2			.58
8	12	10	2			.63
9	12	10	2			.63
10	12	10	2			.58
11	12	10	2			.61
12	12	10	2			.61
13	12	10	2			.63
14	12	10	2			.58
15	12	10	2			.59
16	12	10	2			.61
17	12	10	2			.79
18	12	10	2			.78
19	12	10	2			.73
20	12	10	2			.70
21	12	10	2			.68
22	12	10	2			.69
23	12	10	2			.72
24	12	10	2			.71
25	12	10	2			.71
26	12	10	2			.61
27	12	10	2			.61
28	12	10	2			.60
29	12	10	2			.62
30	12	10	2			.61
31						

Cartridge Filtration Monthly Summary		Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings ≤ 1 NTU? All daily turbidity readings ≤ 5 NTU?	<input checked="" type="radio"/> Yes / <input type="radio"/> No <input checked="" type="radio"/> Yes / <input type="radio"/> No	CT's met everyday? (see back) <input checked="" type="radio"/> Yes / <input type="radio"/> No	All Cl ₂ residual at entry point ≥ 0.2 mg/l? <input checked="" type="radio"/> Yes / <input type="radio"/> 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>9-30-21</u>
		SIGNATURE: <u>Colin Davis</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: 9/21

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]	C X T	[° C]		Use tables	Yes / No	[GPM]
1/	1.4						Yes	1170
2/	1.4							1390
3/	1.4							1690
4/	1.5							1790
5/	2.4							2870
6/	2.4							2480
7/	2.4							880
8/	1.2							890
9/	1.2							1090
10/	1.2							1380
11/	1.2							1690
12/	1.1							1670
13/	1.1							1330
14/	1.2							870
15/	1.2							880
16/	1.3							1530
17/	1.3							1150
18/	2.4							1230
19/	2.2							1090
20/	2.2							1100
21/	2.2							1010
22/	2.1							770
23/	1.2							1600
24/	2.0							1210
25/	2.4							2280
26/	2.3							1240
27/	2.3							1250
28/	1.2							640
29/	1.2							1150
30/	1.2							820
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.dnce@state.or.us; Fax 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350