

OHA - Drinking Water Services - Turbidity Monitoring Report Form

County: Tillamook

Cartridge or Bag Filtration

Month/Year: 10/21

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		.62
2	12	10	2			.63
3	12	10	2			.59
4	12	10	2			.61
5	12	10	2			.62
6	12	10	2			.62
7	12	10	2			.62
8	12	10	2			.65
9	12	10	2			.69
10	12	10	2			.61
11	12	10	2			.59
12	12	10	2			.65
13	12	10	2			.68
14	12	10	2			.62
15	12	10	2			.64
16	12	10	2			.62
17	12	10	2			.61
18	12	10	2			.62
19	12	10	2			.61
20	12	10	2			.59
21	12	10	2			.63
22	12	10	2			.62
23	12	10	2			.61
24	12	10	2			.59
25	12	10	2			.58
26	12	10	2			.62
27	12	10	2			.63
28	15	10	5			.61
29	20	12	8			.68
30	20	12	8			.65
31	20	12	8			.64

Cartridge Filtration Monthly Summary		Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings ≤ 1 NTU?	Yes/No	CT's met everyday? (see back)	All Cl ₂ residual at entry point ≥ 0.2 mg/l?
All daily turbidity readings ≤ 5 NTU?	Yes/No	Yes/No	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>10-31-21</u>
		SIGNATURE: <u>Colin Davis</u>	CERT #:
		PHONE #: <u>(903) 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: 10/21

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/	2.4						YES	910
2/	2.4							2080
3/	2.4							1320
4/	1.6							900
5/	1.2							520
6/	1.4							1160
7/	1.8							1410
8/	1.1							1060
9/	1.4							1530
10/	1.1							670
11/	1.1							730
12/	1.4							600
13/	1.1							1060
14/	1.2							720
15/	1.2							870
16/	1.8							1720
17/	1.8							880
18/	1.8							610
19/	1.8							730
20/	1.8							1350
21/	1.8							780
22/	1.8							1010
23/	1.8							1080
24/	1.8							650
25/	2.8							1390
26/	2.8							1420
27/	2.8							1300
28/	2.8							1080
29/	2.8							1080
30/	2.9							900
31/	2.3							600

per hour 9:25

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