

OHA - Drinking Water Services - Turbidity Monitoring Report Form

County: Tillamook

Cartridge or Bag Filtration

Month/Year: 11/21

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	20	12	8	15		.62
2	20	12	8			.61
3	20	12	8			.64
4	20	12	8			.65
5	20	12	8			.68
6	20	12	8			.68
7	20	12	8			.67
8	20	12	8			.65
9	20	12	8			.64
10	20	12	8			.64
11	20	12	8			.67
12	20	12	8			.69
13	20	12	8			.68
14	20	12	8			.69
15	20	12	8			.70
16	20	12	8			.71
17	20	12	8			.68
18	20	12	8			.68
19	20	12	8			.63
20	20	12	8			.64
21	20	12	8			.63
22	20	12	8			.68
23	20	12	8			.69
24	20	12	8			.71
25	20	12	8			.62
26	20	12	8			.61
27	20	12	8			.60
28	20	12	8			.62
29	20	12	8			.61
30	20	12	8			.59
31						

<b>Cartridge Filtration Monthly Summary</b> 95% of daily turbidity readings ≤ 1 NTU? <u>Yes/No</u> All daily turbidity readings ≤ 5 NTU? <u>Yes/No</u>	<b>Monthly Summary (Answer Yes or No)</b>	
	CT's met everyday? (see back) <u>Yes/No</u>	All Cl <sub>2</sub> residual at entry point ≥ 0.2 mg/l? <u>Yes/No</u>
<b>Notes:</b> 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>	
	SIGNATURE: <u>Colin Davis</u>	DATE: <u>11/30/21</u>
	PHONE #: <u>(503) 368-5745</u>	CERT #:

<sup>1</sup> 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: 11/21

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]	CXT	[°C]		Use tables	Yes / No	[GPM]
1/	1.8						YES	370
2/	1.6							390
3/	1.5							200
4/	1.4							230
5/	1.4							320
6/	1.4							820
7/	1.4							820
8/	1.3							640
9/	1.2							340
10/	1.2							360
11/	1.2							770
12/	1.8							290
13/	1.8							690
14/	1.1							1,000
15/	1.8							490
16/	1.8							380
17/	1.6							480
18/	1.6							500
19/	1.6							1,000
20/	1.6							1,710
21/	1.6							800
22/	1.6							600
23/	1.6							680
24/	1.6							1,100
25/	1.6							590
26/	1.4							1,050
27/	1.0							630
28/	1.6							840
29/	1.1							440
30/	2.8							580
31/	<del>1.1</del>							

Pen Kari 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; Fax 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350