

OHA - Drinking Water Services - Turbidity Monitoring Report Form

Cartridge or Bag Filtration

County: Tillamook

Month/Year: 12/21

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	20	12	8	15		
2	20	12	8			.59
3	20	12	8			.61
4	20	12	8			.69
5	20	12	8			.71
6	20	12	8			.68
7	20	12	8			.62
8	20	12	8			.63
9	20	12	8			.65
10	20	12	8			.63
11	20	12	8			.68
12	20	12	8			.69
13	20	12	8			.72
14	20	12	8			.69
15	20	12	8			.68
16	20	12	8			.67
17	20	12	8			.71
18	20	12	8			.70
19	20	12	8			.71
20	20	12	8			.69
21	20	12	8			.69
22	20	12	8			.68
23	20	12	8			.63
24	20	12	8			.63
25	20	12	8			.67
26	20	12	8			.68
27	20	12	8			.73
28	20	12	8			.71
29	20	12	8			.71
30	20	12	8			.68
31	20	12	8			.68

Cartridge Filtration Monthly Summary		Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings ≤ 1 NTU?	<input checked="" type="radio"/> Yes / <input type="radio"/> 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="radio"/> Yes / <input type="radio"/> No	<input checked="" type="radio"/> Yes / <input type="radio"/> No	<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>12/31/21</u>
		SIGNATURE: <u>Colin Davis</u>	GERT #:
		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: 12/21

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/	2.8						YES	440
2/	2.2							420
3/	2.0							568
4/	1.8							880
5/	1.8							740
6/	1.8							340
7/	1.8							320
8/	1.8							400
9/	1.8							400
10/	1.4							380
11/	1.6							610
12/	1.8							400
13/	1.8							240
14/	1.8							200
15/	1.8							420
16/	1.8							380
17/	1.4							360
18/	1.4							280
19/	1.4							260
20/	1.4							340
21/	1.4							380
22/	1.2							210
23/	1.6							270
24/	1.8							140
25/	1.6							60
26/	1.6							60
27/	1.6							40
28/	1.4							80
29/	1.4							300
30/	1.4							280
31/	1.4							420

per
Karin
5-15

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.