

OHA - Drinking Water Services - Turbidity Monitoring Report Form  
 Cartridge or Bag Filtration

County: Tillamook  
 Month/Year: 2/22

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

<b>Cartridge Filtration Monthly Summary</b>		<b>Monthly Summary (Answer Yes or No)</b>	
95% of daily turbidity readings ≤ 1 NTU?	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	CT's met everyday? (see back)	All Cl <sub>2</sub> 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
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>3/3/22</u>
		SIGNATURE: <u>Colin Davis</u>	CERT #:
		PHONE #: <u>(503) 368-5745</u>	

<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: 2/22

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	220
2/	1.8							260
3/	1.8							280
4/	1.8							220
5/	1.8							490
6/	1.8							460
7/	1.8							160
8/	1.8							140
9/	1.8							180
10/	1.8							150
11/	1.8							500
12/	1.8							530
13/	1.8							400
14/	1.8							410
15/	1.8							390
16/	1.8							400
17/	1.4							330
18/	1.4							330
19/	1.4							990
20/	1.4							740
21/	1.6							770
22/	1.6							130
23/	1.6							200
24/	1.8							140
25/	1.8							120
26/	1.8							720
27/	1.2							170
28/	1.2							390
29/								
30/								
31/								

Dev Van Galis

<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:  
[dwo.dmce@state.or.us](mailto:dwo.dmce@state.or.us); Fax 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350