

OHA - Drinking Water Services - Turbidity Monitoring Report Form

Cartridge or Bag Filtration

County: Tillamook

Month/Year: _____

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

Cartridge Filtration Monthly Summary

95% of daily turbidity readings ≤ 1 NTU? Yes / No
 All daily turbidity readings ≤ 5 NTU? 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. 9716730694

Monthly Summary (Answer Yes or No)

CT's met everyday? (see back) Yes / No
 All Cl₂ residual at entry point ≥ 0.2 mg/l? Yes / No

PRINTED NAME: Colm Davis

SIGNATURE: Colm Davis DATE: 5-6-22

PHONE #: (503) 368-5745 CERT #:

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

System Name: Kelly's Brighton Marina ID# 41 90922 Tillamook Month/Year:

WTP - B

Date / Time	Minimum Cl ₂ Residual at 1st User (C) ² [ppm or mg/L]	Contact Time (T) [minutes]	Actual CT C X T	Temp [° C]	pH	Required CT Use tables	CT Met? ² Yes / No	Peak Hourly Demand Flow [GPM]
1/	2.0							
2/	2.0						YES	490
3/	1.8							320
4/	1.8							280
5/	1.8							300
6/	1.8							560
7/	1.8							520
8/	1.0							480
9/	1.0							380
10/	1.0							490
11/	1.0							300
12/	1.0							240
13/	1.0							300
14/	1.0							320
15/	1.0							260
16/	1.0							400
17/	1.0							450
18/	1.2							520
19/	1.2							320
20/	1.2							340
21/	1.2							280
22/	1.8							400
23/	1.8							380
24/	1.8							560
25/	1.8							480
26/	1.8							320
27/	1.8							340
28/	2.4							320
29/	2.4							820
30/	2.4							990
31/								740

Per
Karin
Salis

² If Cl₂ at entry point < 0.2 mg/l, OR CT not met, notify DWS within 24 hours.

Download form at: public.health.oregon.gov/HealthyEnvironments/DrinkingWater/Monitoring/Documents/turb-cartridge.pdf Revised August 2016

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