

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

County: Tillamook

Month/Year: May/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 ¹ [NTU]
1	20	12	8	15		.61
2	20	12	8			.62
3	20	12	8			.59
4	20	12	8			.60
5	20	12	8			.60
6	20	12	8			.61
7	20	12	8			.63
8	20	12	8			.62
9	20	12	8			.61
10	20	12	8			.62
11	20	12	8			.64
12	20	12	8			.63
13	20	12	8			.61
14	20	12	8			.62
15	20	12	8			.62
16	20	12	8			.65
17	20	12	8			.64
18	20	12	8			.61
19	20	12	8			.62
20	20	12	8			.63
21	20	12	8			.61
22	20	12	8			.61
23	20	12	8			.60
24	20	12	8			.59
25	20	12	8			.62
26	20	12	8			.63
27	20	12	8			.63
28	20	12	8			.65
29	20	12	8			.61
30	20	12	8			.62
31	20	12	8			.62

Cartridge Filtration Monthly Summary 95% of daily turbidity readings ≤ 1 NTU? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No All daily turbidity readings ≤ 5 NTU? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No		Monthly Summary (Answer Yes or No) CT's met everyday? (see back) <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No All Cl ₂ residual at entry point ≥ 0.2 mg/l? <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> SIGNATURE: <u>Colin Davis</u> DATE: <u>6-1-22</u> PHONE #: <u>(503) 368-5745</u> 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.
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OHA - Drinking Water Services - Surface Water Quality Data Form

Tillamook Month/Year: May/22

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/	2.0						YES	420
2/	2.0							320
3/	1.6							430
4/	1.2							860
5/	1.6							850
6/	1.6							430
7/	1.2							520
8/	1.2							320
9/	1.2							360
10/	1.2							440
11/	1.2							320
12/	1.4							420
13/	1.4							420
14/	1.6							300
15/	1.6							520
16/	1.0							480
17/	2.4							340
18/	2.2							690
19/	2.2							520
20/	2.2							460
21/	2.0							320
22/	2.0							340
23/	2.0							300
24/	1.8							340
25/	1.8							490
26/	1.6							420
27/	1.8							600
28/	1.8							520
29/	1.8							1800
30/	1.6							1740
31/	1.6							2200

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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:

dwb.dmce@state.or.us; Fax 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350