

# OHA - Drinking Water Services - Turbidity Monitoring Report Form

County: Tillamook

## Cartridge or Bag Filtration

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

<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> SIGNATURE: <u>Colin Davis</u> DATE: <u>7-13-22</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: JUNE 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]	C X T	[° C]		Use tables	Yes / No	[GPM]
1/	1.8							340
2/	1.8							620
3/	3.2							1100
4/	1.4							1960
5/	1.4							2400
6/	1.6							1680
7/	1.6							1420
8/	1.6							2050
9/	1.6							620
10/	1.2							2480
11/	1.2							3710
12/	1.0							1580
13/	1.0							2760
14/	1.4							2980
15/	1.6							680
16/	1.6							350
17/	1.6							2510
18/	1.8							1410
19/	1.6							2840
20/	1.6							1840
21/	1.8							1820
22/	2.2							1860
23/	2.6							1910
24/	2.6							1530
25/	2.0							2550
26/	1.4							3030
27/	1.4							2215
28/	1.4							2245
29/	1.4							1410
30/	1.4							1960
31/								

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