

# OHA - Drinking Water Services - Turbidity Monitoring Report Form

## Cartridge or Bag Filtration

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

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### Monthly Summary (Answer Yes or No)

CT's met everyday? (see back)  
Yes / No

All Cl<sub>2</sub> residual at entry point ≥ 0.2 mg/l?  
Yes / No

PRINTED NAME: BRIAN YELLE

SIGNATURE: [Signature]

DATE: 9/9/22

PHONE #: (503) 368-5745

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

System Name: Kelly's Brighton Marina

ID# 41 90922

Tillamook Month/Year: Aug. 22

WTP - B

Date / Time	Minimum Cl <sub>2</sub> Residual at 1 <sup>st</sup> User (C) <sup>2</sup> [ppm or mg/L]	Contact Time (T) [minutes]	Actual CT C X T	Temp [°C]	pH	Required CT Use tables	CT Met? <sup>2</sup> Yes/No	Peak Hourly Demand Flow [GPM]
1/	1.6							
2/	1.6							2120
3/	1.4							1890
4/	1.6							1920
5/	1.4							2520
6/	1.2							2680
7/	1.2							3070
8/	1.8							3450
9/	1.8							2500
10/	2.0							2640
11/	1.6							2566
12/	1.4							2220
13/	1.6							2230
14/	1.6							2290
15/	1.6							3386
16/	1.6							2080
17/	1.4							2090
18/	1.4							2080
19/	1.0							2020
20/	1.0							2940
21/	1.0							3360
22/	1.8							3280
23/	1.6							3200
24/	1.6							3460
25/	1.6							3100
26/	1.6							3340
27/	1.0							1880
28/	1.2							2970
29/	1.2							3390
30/	1.8							1440
31/	2.0							1680
								2700

per  
var  
sats

<sup>2</sup> If Cl<sub>2</sub> 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](http://public.health.oregon.gov/HealthyEnvironments/DrinkingWater/Monitoring/Documents/turb-cartridge.pdf)

Revised August 2016

Return by 10<sup>th</sup> of following month by email, fax or mail to:

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