

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

County: Tillamook  
 Month/Year: 10/22

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

<b>Cartridge Filtration Monthly Summary</b>		<b>Monthly Summary (Answer Yes or No)</b>	
95% of daily turbidity readings ≤ 1 NTU? All daily turbidity readings ≤ 5 NTU?	<input checked="" type="radio"/> Yes / <input type="radio"/> No <input checked="" type="radio"/> Yes / <input type="radio"/> No	CT's met everyday? (see back) <input checked="" type="radio"/> Yes / <input type="radio"/> No	All Cl <sub>2</sub> residual at entry point ≥ 0.2 mg/l? <input checked="" type="radio"/> Yes / <input type="radio"/> 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>Bryan Yelle</u>	DATE: <u>11/2/22</u>
		SIGNATURE: <u>[Signature]</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.  
 PAGE 1 of 2

OHA - Drinking Water Services - Surface Water Quality Data Form

System Name: Kelly's Brighton Marina ID# 41 90922 Tillamook Month/Year: 10/22  
 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 CXT	Temp [°C]	pH	Required CT Use tables	CT Met? <sup>2</sup> Yes / No	Peak Hourly Demand Flow [GPM]
1/	1.0							
2/	2.4						YES	1980
3/	2.2							2400
4/	2.0							1890
5/	2.0							1750
6/	1.8							1100
7/	1.8							1090
8/	2.6							1100
9/	2.0							1940
10/	1.8							2270
11/	1.6							910
12/	1.2							930
13/	1.1							870
14/	1.8							1270
15/	2.8							1290
16/	2.8							2760
17/	1.6							2190
18/	1.3							2250
19/	1.2							1,000
20/	1.1							850
21/	1.2							1190
22/	1.2							1510
23/	1.2							1500
24/	1.1							2700
25/	1.6							1690
26/	1.6							1400
27/	2.3							1370
28/	1.6							2190
29/	1.2							600
30/	1.8							1910
31/	2.4							1650
								1250

*Ken  
Kov  
Gentles*

<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:  
[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