


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

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

Cartridge Filtration Monthly Summary		Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings ≤ 1 NTU?	Yes / No	CT's met everyday? (see back)	All Cl ₂ residual at entry point ≥ 0.2 mg/l?
All daily turbidity readings ≤ 5 NTU?	Yes / No	Yes / No	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. <u>9716730694</u>		PRINTED NAME: <u>Bryan Yelle</u>	DATE: <u>1/4/23</u>
		SIGNATURE: 	CERT #:
		PHONE #: <u>503 1368-5745</u>	

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: DEC. 22
 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/	1.3							
2/	1.2							340
3/	1.2							540
4/	1.1							1600
5/	1.1							470
6/	1.2							350
7/	1.0							320
8/	1.6							420
9/	1.2							150
10/	1.2							320
11/	1.4							340
12/	1.6							250
13/	1.6							290
14/	2.2							150
15/	2.2							140
16/	2.4							80
17/	2.4							190
18/	2.2							1040
19/	2.2							320
20/	2.2							130
21/	2.0							180
22/	2.0							140
23/	2.0							120
24/	1.8							100
25/	1.8							110
26/	2.0							70
27/	2.0							60
28/	2.0							50
29/	2.2							120
30/	2.2							420
31/	2.4							340
								840

Handwritten notes:
 New
 Karl
 Scales

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