

OHA - Drinking Water Services - Turbidity Monitoring Report Form

Cartridge or Bag Filtration

County: Tillamook

Month/Year: Jan 23

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

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 Kelle</u>	DATE: <u>2/3/23</u>
		SIGNATURE: <u>[Signature]</u>	CERT #:
		PHONE #: <u>(503) 368-5745</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								
Tillamook ID# 41 90922 Month/Year: JAN 23								
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/	1.3							
2/	1.2							340
3/	1.2							540
4/	1.1							1090
5/	1.1							270
6/	1.2							350
7/	1.1							320
8/	1.6							420
9/	1.2							150
10/	1.2							320
11/	1.4							420
12/	1.6							340
13/	1.6							290
14/	2.0							150
15/	2.1							140
16/	2.1							240
17/	2.2							80
18/	2.1							120
19/	2.0							90
20/	1.8							140
21/	1.8							180
22/	1.6							340
23/	2.0							180
24/	2.2							90
25/	2.0							120
26/	1.8							140
27/	2.0							240
28/	2.2							220
29/	2.2							380
30/	2.2							220
31/	2.4							190
								100

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