


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

County: Tillamook
 Month/Year: APRIL/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			.81
2	12	10	2	15		.82
3	12	10	2			.81
4	12	10	2			.80
5	12	10	2			.82
6	12	10	2			.81
7	12	10	2			.81
8	12	10	2			.80
9	12	10	2			.80
10	12	10	2			.80
11	12	10	2			.81
12	12	10	2			.81
13	12	10	2			.80
14	12	10	2			.82
15	12	10	2			.82
16	12	10	2			.82
17	12	10	2			.81
18	12	10	2			.82
19	12	10	2			.82
20	12	10	2			.81
21	12	10	2			.82
22	12	10	2			.82
23	12	10	2			.80
24	12	10	2			.80
25	12	10	2			.80
26	12	10	2			.82
27	12	10	2			.80
28	12	10	2			.81
29	12	10	2			.81
30	12	10	2			.81
31						.81

Cartridge Filtration Monthly Summary		Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings ≤ 1 NTU? All daily turbidity readings ≤ 5 NTU?	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	CT's met everyday? (see back) <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	All Cl ₂ residual at entry point ≥ 0.2 mg/l? <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>BRYAN VELLE</u>	DATE: <u>5-4-23</u>
		SIGNATURE: 	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.
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OHA - Drinking Water Services -- Surface Water Quality Data Form

System Name: Kelly's Brighton marina ID# 41 90922 Tillamook Month/Year: April/23 WTP - B

Date / Time	Minimum Cl ₂ Residual at 1 st User (C) ² [ppm or mg/L]	Contact Time (T) [minutes]	Actual CT CXT	Temp [°C]	pH	Required CT Use tables	CT Met? ² Yes / No	Peak Hourly Demand Flow [GPM]
1/	2.1							
2/	2.1							1850
3/	2.1							1700
4/	2.1							1220
5/	1.8							980
6/	1.6							630
7/	1.6							460
8/	1.6							190
9/	1.4							1300
10/	1.4							1100
11/	1.4							280
12/	1.4							910
13/	1.4							700
14/	1.4							2900
15/	1.6							1900
16/	1.6							1850
17/	1.4							720
18/	1.4							740
19/	1.6							420
20/	1.6							820
21/	1.6							900
22/	1.6							1100
23/	1.6							1820
24/	1.8							480
25/	1.8							240
26/	1.8							390
27/	1.8							690
28/	1.8							890
29/	1.8							1590
30/	1.8							2200
31/								1100

*Per
Yard
Sales*

² If Cl₂ 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 Revised August 2016

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