

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

County: Tillamook  
 Month/Year: 07/23

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 <sup>1</sup> [NTU]
1	12	10	2			.80
2	12	10	2	15		.80
3	12	10	2			.81
4	12	10	2			.80
5	12	10	2			.81
6	12	10	2			.80
7	12	10	2			.80
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			.80
15	12	10	2			.80
16	12	10	2			.80
17	12	10	2			.80
18	12	10	2			.80
19	12	10	2			.81
20	12	10	2			.81
21	12	10	2			.81
22	12	10	2			.80
23	12	10	2			.81
24	12	10	2			.81
25	12	10	2			.80
26	12	10	2			.80
27	12	10	2			.80
28	12	10	2			.80
29	12	10	2			.81
30	12	10	2			.80
31	12	10	2			.81

<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?		CT's met everyday? (see back) Yes / No	All Cl <sub>2</sub> residual at entry point ≥ 0.2 mg/l? 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>BRIAN YELLE</u>	DATE: <u>8.4.23</u>
		SIGNATURE: <u>[Signature]</u>	PHONE #: <u>(503) 368-5745</u>
		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.  
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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: 07/23 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/	1.2							
2/	1.2						YES	2800
3/	1.8							3200
4/	1.8							3650
5/	1.8							2280
6/	2.0							2200
7/	2.2							1890
8/	2.2							3200
9/	2.0							3660
10/	2.0							2460
11/	1.8							2860
12/	1.8							2120
13/	1.8							2420
14/	1.8							2800
15/	1.6							2460
16/	1.6							3200
17/	1.6							3100
18/	1.8							2000
19/	1.8							1890
20/	1.8							1830
21/	1.8							2100
22/	1.6							2380
23/	1.6							3440
24/	1.6							2620
25/	1.4							2100
26/	1.8							2020
27/	1.8							1960
28/	1.8							2340
29/	1.8							2230
30/	1.6							3550
31/	1.6							2920
								1940

*Handwritten notes:*  
 15/ 16/ 17/ 18/ 19/ 20/ 21/ 22/ 23/ 24/ 25/ 26/ 27/ 28/ 29/ 30/ 31/  
 Kelly's Brighton marina  
 15/ 16/ 17/ 18/ 19/ 20/ 21/ 22/ 23/ 24/ 25/ 26/ 27/ 28/ 29/ 30/ 31/

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

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 971-873-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350