

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

County: Tillamook

Month/Year: 8/23

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

Cartridge Filtration Monthly Summary		Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings ≤ 1 NTU? All daily turbidity readings ≤ 5 NTU?	Yes / No Yes / No	CT's met everyday? (see back) Yes / No	All Cl ₂ 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>Bryan Yelle</u>	DATE: <u>9.7.23</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 ID# 41 90922 Tillamook Month/Year: 8/23 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/	1.6							
2/	1.8						YES	2400
3/	2.0							1210
4/	1.8							2000
5/	1.8							1640
6/	1.8							3650
7/	1.6							3200
8/	1.6							2990
9/	1.4							1080
10/	1.8							1510
11/	1.8							2050
12/	1.6							3620
13/	1.6							3120
14/	1.6							2800
15/	1.4							2370
16/	1.6							2100
17/	1.8							1890
18/	2.0							1520
19/	1.8							2980
20/	1.8							3300
21/	1.8							3260
22/	1.8							2980
23/	1.6							2180
24/	1.6							2230
25/	1.6							2450
26/	1.4							2950
27/	1.4							3450
28/	1.4							3100
29/	1.4							2960
30/	1.4							2100
31/	1.4							2120
							✓	1850

Handwritten notes:
 New
 Van
 Solar

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