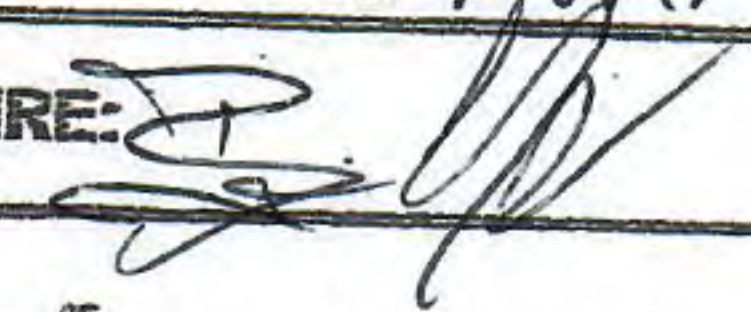


OHA - Drinking Water Services - Turbidity Monitoring Report Form  
 Cartridge or Bag Filtration

County: Tillamook  
 Month/Year: 09/23

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	15		
2	12	10	2			.80
3	12	10	2			.80
4	12	10	2			.81
5	12	10	2			.82
6	12	10	2			.81
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			.82
14	12	10	2			.82
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			.81
24	12	10	2			.80
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			.81
31						.82

<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?	Yes / No Yes / No	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>BRYAN YELLE</u>	DATE: <u>10-4-23</u>
		SIGNATURE: 	CERT #:
		PHONE #: <u>503 1368-5745</u>	

<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.

OHA - Drinking Water Services - Surface Water Quality Data Form

System Name: Kelly's Brighton marina ID# 41 90922 Tillamook Month/Year: 09/23 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/	1.4							
2/	1.6							
3/	1.6							3400
4/	2.4							2240
5/	1.4							2630
6/	1.2							1370
7/	1.2							1920
8/	1.2							1840
9/	1.2							1620
10/	1.2							3640
11/	1.4							2120
12/	1.6							1320
13/	1.8							1840
14/	1.8							1750
15/	1.8							1650
16/	1.8							1900
17/	1.6							3440
18/	1.6							2020
19/	1.6							1640
20/	1.6							1210
21/	1.4							1310
22/	1.8							1680
23/	1.8							1790
24/	1.6							3520
25/	1.4							1980
26/	1.2							1770
27/	1.2							1620
28/	1.4							1840
29/	1.4							2860
30/	1.4							1920
31/								2770

*few hard spots*

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