

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

County: Tillamook
 Month/Year: 11/23

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		.81
3	12	10	2			.82
4	12	10	2			.81
5	12	10	2			.81
6	12	10	2			.82
7	12	10	2			.81
8	12	10	2			.81
9	12	10	2			.82
10	12	10	2			.82
11	12	10	2			.81
12	12	10	2			.81
13	12	10	2			.81
14	12	10	2			.81
15	12	10	2			.80
16	12	10	2			.81
17	12	10	2			.81
18	12	10	2			.81
19	12	10	2			.81
20	12	10	2			.81
21	12	10	2			.82
22	12	10	2			.81
23	12	10	2			.80
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			.80
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?	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>BRIAN YELLE</u>		DATE: <u>12/7/23</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.
 PAGE 1 of 2

OHA - Drinking Water Services -- Surface Water Quality Data Form

System Name: *Kelly's Brighton marina* ID# 41 *90922* *Tillamook* Month/Year: *11/23* 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 <i>(Yes/No)</i>	Peak Hourly Demand Flow [GPM]
1/	2.1							400
2/	2.2							320
3/	2.4							360
4/	2.6							550
5/	2.8							1800
6/	2.8							640
7/	2.8							360
8/	2.8							800
9/	3.0							700
10/	3.1							800
11/	3.1							1860
12/	3.1							1270
13/	3.1							680
14/	3.0							360
15/	2.8							120
16/	2.8							630
17/	2.8							628
18/	2.7							680
19/	2.7							490
20/	2.6							590
21/	2.6							950
22/	2.6							430
23/	2.6							810
24/	2.6							1110
25/	2.5							1980
26/	2.8							1050
27/	2.9							620
28/	2.9							740
29/	3.0							540
30/	3.0							420
31/								

*few Rain
Gales*

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.