

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

County: Tillamook

Month/Year: 12/23

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

<b>Cartridge Filtration Monthly Summary</b>		<b>Monthly Summary (Answer Yes or No)</b>	
95% of daily turbidity readings ≤ 1 NTU?	Yes / No	CT's met everyday? (see back)	All Cl <sub>2</sub> residual at entry point ≥ 0.2 mg/l?
All daily turbidity readings ≤ 5 NTU?	Yes / No	Yes / No	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>1/5/24</u>
		SIGNATURE: <u>[Signature]</u>	CERT #:
		PHONE #: <u>(503) 368-5745</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

Tillamook Month/Year: 12/23

System Name: Kelly's Brighton marina ID# 41 90922 WTP - B								
Date / Time	Minimum Cl <sub>2</sub> Residual at 1 <sup>st</sup> User (C) <sup>2</sup>	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? <sup>2</sup>	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	CXT	[°C]		Use tables	Yes / No	[GPM]
1/	2.9							
2/	2.8							880
3/	2.8							580
4/	2.8							240
5/	2.6							360
6/	2.6							240
7/	2.4							260
8/	2.4							230
9/	2.4							540
10/	2.4							580
11/	2.4							460
12/	2.4							320
13/	2.4							460
14/	2.4							530
15/	2.4							1080
16/	2.4							450
17/	2.8							520
18/	2.8							530
19/	2.6							290
20/	2.8							300
21/	2.8							240
22/	2.7							1170
23/	3.1							2160
24/	3.0							890
25/	3.0							1240
26/	3.0							720
27/	2.9							760
28/	3.0							500
29/	2.8							980
30/	3.0							800
31/	2.9							1020
								1040

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<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; Fax 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350