

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

County: Tillamook
 Month/Year: 01/24

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

Cartridge Filtration Monthly Summary

95% of daily turbidity readings ≤ 1 NTU? Yes / No
 All daily turbidity readings ≤ 5 NTU? 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. 9716730694

Monthly Summary (Answer Yes or No)

CT's met everyday? (see back) Yes / No
 All Cl₂ residual at entry point ≥ 0.2 mg/l? Yes / No

PRINTED NAME: BRIAN YELLE

SIGNATURE: [Signature] DATE: 2/2/24

PHONE #: (503) 368-5745 CERT #:

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: 01/24 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/ | 2.8 | | | | | | | |
| 2/ | 2.8 | | | | | | | 360 |
| 3/ | 2.6 | | | | | | | 480 |
| 4/ | 2.6 | | | | | | | 640 |
| 5/ | 2.6 | | | | | | | 370 |
| 6/ | 2.6 | | | | | | | 570 |
| 7/ | 2.4 | | | | | | | 520 |
| 8/ | 2.8 | | | | | | | 480 |
| 9/ | 2.8 | | | | | | | 420 |
| 10/ | 2.6 | | | | | | | 380 |
| 11/ | 2.6 | | | | | | | 510 |
| 12/ | 2.6 | | | | | | | 600 |
| 13/ | 2.6 | | | | | | | 1390 |
| 14/ | 2.6 | | | | | | | 290 |
| 15/ | 2.6 | | | | | | | 430 |
| 16/ | 2.4 | | | | | | | 410 |
| 17/ | 2.8 | | | | | | | 700 |
| 18/ | 2.8 | | | | | | | 410 |
| 19/ | 2.6 | | | | | | | 630 |
| 20/ | 2.6 | | | | | | | 280 |
| 21/ | 2.6 | | | | | | | 150 |
| 22/ | 2.6 | | | | | | | 220 |
| 23/ | 2.6 | | | | | | | 300 |
| 24/ | 2.6 | | | | | | | 320 |
| 25/ | 2.6 | | | | | | | 430 |
| 26/ | 2.6 | | | | | | | 420 |
| 27/ | 2.4 | | | | | | | 290 |
| 28/ | 2.4 | | | | | | | 110 |
| 29/ | 2.4 | | | | | | | 220 |
| 30/ | 2.4 | | | | | | | 390 |
| 31/ | 2.4 | | | | | | | 420 |
| | | | | | | | | 340 |

*Per
Kond
Salas*

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