

OHA - Drinking Water Services - Turbidity Monitoring Report Form

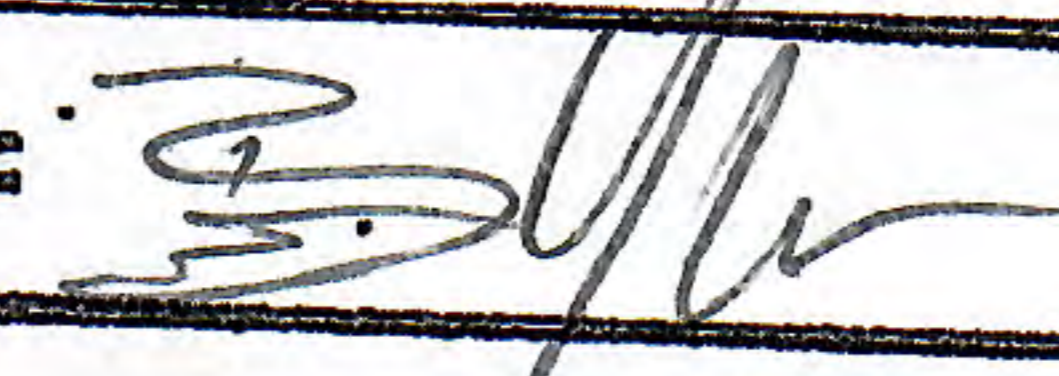
Cartridge or Bag Filtration

County: Tillamook

Month/Year: APRIL/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			
2	12	10	2	15		.97
3	12	10	2			.97
4	12	10	2			.97
5	12	10	2			.96
6	12	10	2			.97
7	12	10	2			.96
8	12	10	2			.98
9	12	10	2			.99
10	12	10	2			.99
11	12	10	2			.97
12	12	10	2			.97
13	12	10	2			.96
14	12	10	2			.98
15	12	10	2			.98
16	12	10	2			.98
17	12	10	2			.97
18	12	10	2			.98
19	12	10	2			.97
20	12	10	2			.97
21	12	10	2			.99
22	12	10	2			.99
23	12	10	2			.98
24	12	10	2			.98
25	12	10	2			.98
26	12	10	2			.98
27	12	10	2			.98
28	12	10	2			.97
29	12	10	2			.96
30	12	10	2			.96
31						.97

Cartridge Filtration Monthly Summary		Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings ≤ 1 NTU?	Yes / No Yes / No	CT's met everyday? (see back)	All Cl ₂ residual at entry point ≥ 0.2 mg/l?
All daily turbidity readings ≤ 5 NTU?		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>BRYAN YELLE</u>	DATE: <u>5/4/24</u>
		SIGNATURE: 	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

Tillamook Month/Year: April/24

System Name: Kelly's Brighton Marina ID# 41 90922 WTP - B								
Date / Time	Minimum Cl ₂ Residual at 1 st User (C) ²	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? ²	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	C X T	[° C]		Use tables	Yes / No	[GPM]
1/								450
2/								390
3/								550
4/								230
5/								600
6/								480
7/								670
8/								360
9/								220
10/								260
11/								240
12/								550
13/								910
14/								470
15/								440
16/								420
17/								690
18/								390
19/								420
20/								800
21/								670
22/								530
23/								240
24/								110
25/								400
26/								420
27/								570
28/								620
29/								400
30/								410
31/								

See Van Solas

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