

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

County: Tillamook
 Month/Year: MAY 2024

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

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>BRIAN YELTZ</u>	DATE: <u>6-7-24</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.

OHA - Drinking Water Services - Surface Water Quality Data Form

Tillamook Month/Year: May 2024

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]	CXT	[° C]		Use tables	Yes / No	[GPM]
1/	2.0							330
2/	2.0							380
3/	2.0							2100
4/	1.8							360
5/	1.8							850
6/	1.8							580
7/	1.8							240
8/	1.8							1310
9/	1.6							480
10/	1.6							430
11/	1.6							1590
12/	1.6							770
13/	1.4							410
14/	1.4							360
15/	2.2							340
16/	2.2							350
17/	2.0							650
18/	2.0							500
19/	1.6							1200
20/	1.6							450
21/	1.6							930
22/	1.4							580
23/	1.2							420
24/	1.2							1080
25/	1.2							2450
26/	1.2							2500
27/	1.4							1670
28/	1.4							570
29/	1.4							1690
30/	1.2							1180
31/	1.2							800

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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