

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

County: Tillamook
 Month/Year: 07/24

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

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: 8/2/24
 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: 07/24
 WTP - B

Date / Time	Minimum Cl ₂ Residual at 1st 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/	2.2							2120
2/	2.2							2790
3/	2.0							1820
4/	2.0							3480
5/	2.0							2380
6/	1.9							3260
7/	1.9							2570
8/	1.9							1890
9/	1.8							2200
10/	1.8							2120
11/	1.8							2020
12/	1.7							3980
13/	1.7							3100
14/	1.7							2090
15/	1.7							1990
16/	1.7							2100
17/	1.7							2120
18/	1.7							1870
19/	1.6							3450
20/	1.6							3680
21/	1.5							2420
22/	1.5							2120
23/	1.5							2800
24/	1.5							2400
25/	1.4							1980
26/	1.4							3800
27/	1.4							3750
28/	1.2							2420
29/	1.2							2320
30/	1.2							2100
31/	1.2							1980

Per Ward Solas

² If Cl₂ at entry point < 0.2 mg/l, OR CT not met, notify DWS within 24 hours.

Download form at: public.health.oregon.gov/HealthyEnvironments/DrinkingWater/Monitoring/Documents/turb-cartridge.pdf Revised August 2016

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