

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

County: Tillamook  
 Month/Year: Aug 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 <sup>1</sup> [NTU]
1	10	8	2			
2	10	8	2	15		
3	10	8	2			.97
4	10	8	2			.97
5	10	8	2			.97
6	10	8	2			.99
7	10	8	2			.98
8	10	8	2			.98
9	10	8	2			.97
10	10	8	2			.97
11	10	8	2			.96
12	10	8	2			.97
13	10	8	2			.96
14	10	8	2			.98
15	10	8	2			.98
16	10	8	2			.98
17	10	8	2			.97
18	10	8	2			.97
19	10	8	2			.98
20	10	8	2			.98
21	10	8	2			.97
22	10	8	2			.96
23	10	8	2			.96
24	10	8	2			.97
25	10	8	2			.98
26	10	8	2			.98
27	10	8	2			.98
28	10	8	2			.97
29	10	8	2			.97
30	10	8	2			.98
31	10	8	2			.97

<b>Cartridge Filtration Monthly Summary</b>		<b>Monthly Summary (Answer Yes or No)</b>	
95% of daily turbidity readings ≤ 1 NTU? All daily turbidity readings ≤ 5 NTU?	Yes/No Yes/No	CT's met everyday? (see back) Yes/No	All Cl <sub>2</sub> residual at entry point ≥ 0.2 mg/l? 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>BEVIAN YELLE</u>	DATE: <u>9/5/24</u>
		SIGNATURE: <u>[Signature]</u>	PHONE #: <u>(503) 368-5745</u>
			GERT #:

<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

System Name: Kelly's Brighton Marina ID# 41 90922 Tillamook Month/Year: Aug 24  
 WTP - B

Date / Time	Minimum Cl <sub>2</sub> Residual at 1st User (C) <sup>2</sup> [ppm or mg/L]	Contact Time (T) [minutes]	Actual CT CXT	Temp [°C]	pH	Required CT Use tables	CT Met? <sup>2</sup> Yes / No	Peak Hourly Demand Flow [GPM]
1/	1.2							
2/	1.2							2340
3/	1.4							2326
4/	1.4							2150
5/	1.6							3360
6/	1.6							2470
7/	1.6							2140
8/	3.0							1930
9/	3.2							1670
10/	3.0							1740
11/	3.0							2400
12/	2.9							2320
13/	2.8							1900
14/	2.8							2100
15/	2.8							2020
16/	2.0							1980
17/	2.0							1960
18/	2.0							2090
19/	1.6							3440
20/	1.4							2510
21/	1.4							1820
22/	1.2							2740
23/	1.2							3020
24/	1.4							2660
25/	1.4							1920
26/	1.6							1540
27/	1.6							1040
28/	1.8							2020
29/	2.0							2740
30/	2.0							1820
31/	2.0							3360
								3120

*REV*  
*Carli*  
*Salas*

<sup>2</sup> If Cl<sub>2</sub> 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](http://public.health.oregon.gov/HealthyEnvironments/DrinkingWater/Monitoring/Documents/turb-cartridge.pdf) Revised August 2016

Return by 10<sup>th</sup> of following month by email, fax or mail to:  
[dwp.dmce@state.or.us](mailto:dwp.dmce@state.or.us); Fax 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350