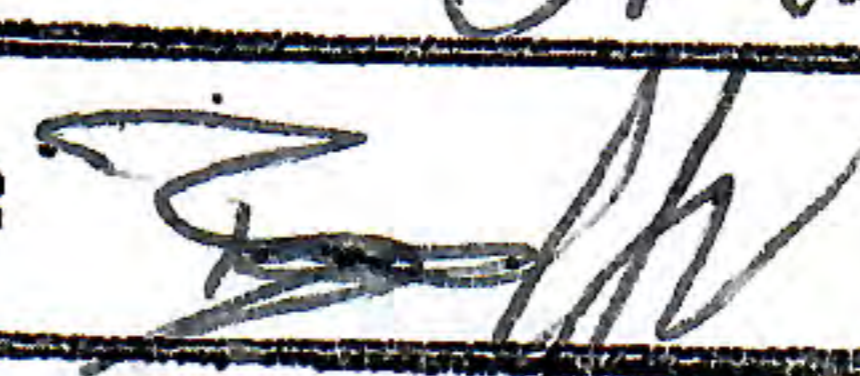


OHA - Drinking Water Services - Turbidity Monitoring Report Form  
 Cartridge or Bag Filtration

County: Tillamook  
 Month/Year: 09/24

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		.98
3	10	8	2			.98
4	10	8	2			.98
5	10	8	2			.97
6	10	8	2			.96
7	10	8	2			.97
8	10	8	2			.97
9	10	8	2			.96
10	10	8	2			.98
11	10	8	2			.98
12	10	8	2			.97
13	10	8	2			.97
14	10	8	2			.96
15	10	8	2			.96
16	10	8	2			.96
17	10	8	2			.97
18	10	8	2			.98
19	10	8	2			.97
20	10	8	2			.97
21	10	8	2			.98
22	10	8	2			.98
23	10	8	2			.97
24	10	8	2			.96
25	10	8	2			.96
26	10	8	2			.96
27	10	8	2			.98
28	10	8	2			.98
29	20	8	2			.98
30	10	8	2			.97
31						.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>BRIAN YELLE</u>	DATE: <u>10/2/24</u>
		SIGNATURE: 	CERT #:
		PHONE #: <u>(503) 368-5745</u>	

<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: 09/24  
 WTP - B

Date / Time	Minimum Cl <sub>2</sub> Residual at 1 <sup>st</sup> 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/	2.0							
2/	2.0							2340
3/	2.0							2720
4/	2.0							1640
5/	1.8							1740
6/	1.8							2790
7/	1.8							2070
8/	1.8							2040
9/	1.8							2550
10/	1.8							2000
11/	1.8							3100
12/	1.6							1920
13/	1.6							1120
14/	2.2							1250
15/	2.2							1620
16/	2.0							1820
17/	2.0							1920
18/	2.0							3200
19/	2.0							2100
20/	1.8							1320
21/	1.8							1120
22/	1.8							980
23/	1.8							960
24/	1.8							1100
25/	1.8							2920
26/	1.8							2200
27/	1.8							1900
28/	1.8							1100
29/	1.6							920
30/	1.6							840
31/								1220

*Handwritten note:* Few hard spots

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