

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

County: Tillamook
 Month/Year: 10/24

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

Cartridge Filtration Monthly Summary		Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings ≤ 1 NTU? All daily turbidity readings ≤ 5 NTU?	Yes / No Yes / No	GT's met everyday? (see back) Yes / No	All Cl ₂ 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 VELLE</u>	DATE: <u>11/7/24</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

System Name: Kelly's Brighton Marina ID# 41 90922 Tillamook Month/Year: 10/24 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/	1.8							
2/	1.8							1220
3/	1.8							1110
4/	1.8							530
5/	1.8							2280
6/	1.8							1200
7/	1.8							1510
8/	1.8							1660
9/	1.8							1420
10/	1.8							1120
11/	2.0							840
12/	2.0							950
13/	2.0							2890
14/	2.0							1020
15/	2.0							920
16/	2.0							1280
17/	2.0							1120
18/	1.8							1040
19/	1.8							920
20/	1.9							2780
21/	1.9							1320
22/	2.0							840
23/	2.0							720
24/	1.9							920
25/	1.9							1100
26/	1.9							1220
27/	2.0							2920
28/	2.0							1190
29/	1.8							1150
30/	1.8							710
31/	1.8							930
								750

Per Van Gool

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