

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

County: Tillamook
 Month/Year: 11/24

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

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	CT'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 Yelle</u>	DATE: <u>12/5</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 Month/Year: Tillamook 11/24 WTP - B

Date / Time	Minimum Cl ₂ Residual at 1 st 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/	1.8							
2/	1.8							470
3/	1.8							1140
4/	2.1							1220
5/	2.1							850
6/	2.3							710
7/	2.5							1610
8/	2.5							1210
9/	2.8							1440
10/	2.8							1650
11/	2.8							1920
12/	2.8							1900
13/	2.7							1000
14/	2.7							320
15/	2.7							340
16/	2.4							1050
17/	2.4							1100
18/	2.2							670
19/	2.2							470
20/	1.8							360
21/	1.8							170
22/	1.6							210
23/	1.6							720
24/	2.3							1040
25/	2.7							380
26/	2.8							670
27/	3.0							470
28/	3.2							1220
29/	3.2							1145
30/	3.2							1245
31/								2000

Handwritten note: New Kari Galas

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