


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

County: Tillamook
 Month/Year: Feb 25

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

Cartridge Filtration Monthly Summary		Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings ≤ 1 NTU?	<input checked="" type="radio"/> Yes / <input type="radio"/> No	CT's met everyday? (see back)	All Cl ₂ residual at entry point ≥ 0.2 mg/l?
All daily turbidity readings ≤ 5 NTU?	<input checked="" type="radio"/> Yes / <input type="radio"/> No	<input checked="" type="radio"/> Yes / <input type="radio"/> No	<input checked="" type="radio"/> Yes / <input type="radio"/> 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>3-6-25</u>
		SIGNATURE: 	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: Feb 25 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/	2.6							
2/	2.7							760
3/	2.7							520
4/	2.6							620
5/	2.7							550
6/	2.6							530
7/	2.7							140
8/	2.9							1300
9/	2.8							490
10/	2.7							280
11/	2.6							300
12/	2.5							920
13/	2.6							500
14/	2.6							530
15/	2.6							760
16/	2.6							560
17/	2.6							320
18/	2.5							300
19/	2.5							370
20/	2.4							590
21/	2.3							570
22/	2.2							590
23/	2.1							410
24/	2.0							610
25/	1.9							600
26/	1.8							400
27/	1.8							590
28/	1.9							420
29/								500
30/								
31/								

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