

OHA - Drinking Water Services - Turbidity Monitoring Report Form

Cartridge or Bag Filtration

County: Tillamook
 Month/Year: JULY 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	15		.97
2	10	8	2			.96
3	10	8	2			.96
4	10	8	2			.96
5	10	8	2			.96
6	10	8	2			.96
7	10	8	2			.96
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			.96
15	10	8	2			.96
16	10	8	2			.96
17	10	8	2			.97
18	10	8	2			.96
19	10	8	2			.96
20	10	8	2			.96
21	10	8	2			.96
22	10	8	2			.96
23	10	8	2			.96
24	10	8	2			.96
25	10	8	2			.96
26	10	8	2			.96
27	10	8	2			.96
28	10	8	2			.96
29	10	8	2			.96
30	10	8	2			.96
31	10	8	2			.96

Cartridge Filtration Monthly Summary

95% of daily turbidity readings ≤ 1 NTU?
 All daily turbidity readings ≤ 5 NTU?

Yes / No
 Yes / No

Monthly Summary (Answer Yes or No)

CT's met everyday?
 (see back)
 Yes / No

All Cl₂ 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.

9716730694

PRINTED NAME: BRIAN YELLE

SIGNATURE: [Signature]

DATE: 8/4

PHONE #: 503 1368 5745

CERT #:

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: <u>Kelly's Brighton Marina</u> ID# <u>41 90922</u> Month/Year: <u>Tillamook JULY 2016</u> WTP - <u>B</u>								
Date / Time	Minimum Cl ₂ Residual at 1st User (C) ² [ppm or mg/L]	Contact Time (T) [minutes]	Actual CT C X T	Temp [° C]	pH	Required CT Use tables	CT Met? ² Yes / No	Peak Hourly Demand Flow [GPM]
1/	2.7							
2/	2.7						YES	900
3/	2.6							1130
4/	2.6							2230
5/	2.6							2930
6/	2.5							3170
7/	2.5							1900
8/	2.5							2240
9/	2.3							1200
10/	2.2							1180
11/	2.2							1160
12/	2.1							1940
13/	2.0							2880
14/	2.0							3090
15/	2.0							1540
16/	1.9							1260
17/	1.9							3050
18/	1.7							1640
19/	1.7							1660
20/	1.6							2080
21/	1.6							3440
22/	1.6							1160
23/	1.6							2190
24/	1.4							1980
25/	1.5							1660
26/	1.5							1710
27/	1.4							2036
28/	1.3							3210
29/	1.3							1800
30/	1.3							1890
31/	1.2							1920
								2010

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.