

OHA - Drinking Water Services - Turbidity Monitoring Report Form

Cartridge or Bag Filtration

County: Tillamook
 Month/Year: 11/25

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	13	10	3	15		.97
2	13	10	3			.96
3	13	10	3			.97
4	13	10	3			.97
5	13	10	3			.97
6	13	10	3			.98
7	13	10	3			.98
8	13	10	3			.96
9	13	10	3			.96
10	13	10	3			.96
11	13	10	3			.96
12	13	10	3			.97
13	13	10	3			.97
14	13	10	3			.97
15	13	10	3			.97
16	13	10	3			.96
17	13	10	3			.96
18	13	10	3			.96
19	13	10	3			.96
20	13	10	3			.96
21	13	10	3			.96
22	13	10	3			.97
23	13	10	3			.97
24	13	10	3			.98
25	13	10	3			.98
26	13	10	3			.97
27	13	10	3			.97
28	13	10	3			.97
29	13	10	3			.96
30	13	10	3			.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.		PRINTED NAME: <u>BRYAN YELLE</u> SIGNATURE: <u>[Signature]</u> DATE: <u>12/5/25</u> PHONE #: <u>(503) 368-5745</u> 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: Kelly's Brighton Marina

ID# 41 90922

Tillamook Month/Year: 11/25

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/	1.2							
2/	1.2						YES	580
3/	1.8							880
4/	1.9							790
5/	2.0							270
6/	2.0							970
7/	1.9							180
8/	2.0							1150
9/	2.0							1220
10/	2.0							1690
11/	2.0							990
12/	2.1							890
13/	2.1							500
14/	2.1							680
15/	2.1							780
16/	2.0							1160
17/	2.0							1210
18/	2.0							370
19/	1.9							320
20/	1.9							270
21/	1.9							490
22/	1.7							570
23/	1.7							840
24/	1.7							1040
25/	1.6							1350
26/	1.7							300
27/	1.7							910
28/	1.7							300
29/	1.8							860
30/	1.8							1320
31/								1480

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:

dws.dmce@state.or.us; Fax 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97203-0350