

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

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

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>1/4/26</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: DEC. 20

DEC. 20

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/	1.8							470
2/	1.8							400
3/	1.8							320
4/	1.8							260
5/	1.8							400
6/	1.8							660
7/	1.9							500
8/	1.9							510
9/	1.9							100
10/	1.9							170
11/	2.0							500
12/	2.0							550
13/	2.0							620
14/	2.0							340
15/	1.9							260
16/	1.9							410
17/	1.9							390
18/	2.0							610
19/	2.0							700
20/	2.1							420
21/	2.1							380
22/	2.3							410
23/	2.5							520
24/	2.5							550
25/	2.4							630
26/	2.4							670
27/	2.3							690
28/	2.3							720
29/	2.3							740
30/	2.3							690
31/	2.2							590

Handwritten note: Low Chlorine
Kari Spalding

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