

SEPT/2023

OHA - DWS

Membrane Filter Monthly Operating Report

System Name: CHL-District Improvement Co. County: Tillamook  
 PWS ID#: 41-00600 Month/Year: 09-2023  
 Plant ID: WTP- (e.g., "A") Minimum test pressure applied || req'd: 30 psi || 30 psi

DIT = Direct Integrity Test on filter(s) [Yes, No, or "off" if all filters are offline] →

PDR = Pressure Decay Rate

LRC = Log Removal Credit

PDR<sub>Max</sub> [<sup>psi</sup>/min]

LRC [log removal]

.14

4.00

DIT Daily

Day	CFE Daily Turbidity [NTU]	Highest CFE* [NTU]	Highest IFE [NTU] (>15 min duration)	Highest PDR of day [ <sup>psi</sup> /min]	Lowest LRV <sub>ambient</sub> of day [log removal]	[Y/N] or "off"
1	.027	1	.027	.01	Y	Y
2	1	1	1	1		-ff
3	1	1	1	1		-ff
4	1	1	1	1		-ff
5	.040	1	.040	.02		Y
6	1	1	1	1		-ff
7	1	1	1	1		-ff
8	1	1	1	1		-ff
9	1	1	1	1		-ff
10	.039	1	.039	.01		Y
11	1	1	1	1		-ff
12	1	1	1	1		-ff
13	.035	1	.035	.01		Y
14	1	1	1	1		-ff
15	.033	1	.033	.01		Y
16	1	1	1	1		-ff
17	1	1	1	1		-ff
18	.027	1	.027	.01		Y
19	1	1	1	1		-ff
20	1	1	1	1		-ff
21	.026	1	.026	.01		Y
22	1	1	1	1		-ff
23	1	1	1	1		-ff
24	1	1	1	1		-ff
25	.048	1	.048	.02		Y
26	1	1	1	1		-ff
27	1	1	1	1		-ff
28	1	1	1	1		-ff
29	.023	1	.023	.01		Y
30	1	1	1	1		-ff

Compliance summary (operator to complete any blank fields)

95% of daily turbidity readings ≤ 1 NTU? <input checked="" type="checkbox"/> Y/N	All turbidity readings ≤ 5 NTU? <input checked="" type="checkbox"/> Y/N	All IFE turbidity readings ≤ 0.15 NTU? <input checked="" type="checkbox"/> Y/N	Performance std met? <input checked="" type="checkbox"/> Y/N (PDR ≤ PDR <sub>Max</sub> , LRV ≥ LRC)	DIT Daily? Yes
CT's met daily? (p. 2) Yes	All Cl <sub>2</sub> residual at EP ≥ 0.2 mg/L? Yes	PDR ≤ PDR <sub>Max</sub> ? Yes	LRV <sub>ambient</sub> ≥ LRC? Yes	

PRINTED NAME: JENOK SCHWASEL

SIGNATURE: [Signature]

Notes:

DATE: 10-10-2023

WT CERT #: T-436613

PHONE #: (541)996-4443

\* Used for optimization purposes only.

Disinfection Monthly Operating Report

09-2-23

System Name: CHL-District Improvement Co.

PWS ID#: 41 - 00600

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Log Inactivation Required via Disinfection

Plant ID : WTP 4

Day	Minimum Cl <sub>2</sub> Residual at 1 <sup>st</sup> User (C) * [mg/L = ppm]	Contact Time (T) [minutes]	Actual CT C x T (Formula)	Temp [° C]	pH	Required CT (Formula)	CT Met? * [Yes / No] (Formula)	Peak Hourly Demand Flow [GPM]	Notes (e.g. "Plant Off")
1000	1.2	47	56	16°	7.5	15	Yes	50	ON
0700	1.2		56	↓	↓	15	Yes	GPM	OFF
0830	1.1		51	↓	↓	15	Yes		↓
0930	1.1		51	↓	↓	15	Yes		↓
1055	1.0		47	↓	↓	15	Yes		ON
1200	1.0		47	↓	↓	15	Yes		OFF
1330	1.0		47	↓	↓	15	Yes		↓
0800	.9		42	↓	7.4	15	Yes		↓
0800	.9		42	↓	↓	15	Yes		↓
1000	.8		37	↓	↓	15	Yes		ON
0830	.8		37	↓	↓	15	Yes		OFF
0800	.8		37	↓	↓	15	Yes		↓
0900	.8		37	↓	↓	15	Yes		ON
1000	1.0		47	↓	7.6-18		Yes		OFF
1200	1.0		47	↓	↓ -18		Yes		ON
1030	1.0		47	↓	7.5	15	Yes		OFF
0800	.9		42	↓	↓	15	Yes		OFF
1100	.8		37	↓	↓	15	Yes		ON
0900	1.3		61	16°	7.7-19		Yes		OFF
1100	1.2		56	↓	7.6-19		Yes		OFF
1200	1.0		47	↓	7.5	15	Yes		ON
0830	1.0		47	↓	↓	15	Yes		OFF
0915	.8		37	↓	↓	15	Yes		↓
1100	1.2		56	↓	7.6-19		Yes		↓
0830	1.0		47	↓	7.5	15	Yes		ON
0930	.8		37	↓	↓	15	Yes		OFF
0930	.8		37	↓	↓	15	Yes		↓
1100	.8		37	↓	↓	15	Yes		↓
0900	.7		37	↓	7.4	15	Yes		ON
1000	.8		37	↓	7.5	15	Yes		OFF
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\* If chlorine concentration at entry point < 0.2 mg/L, or CT not met, notify DWS within 24 hours.

Submit this monthly report by the 10<sup>th</sup> of following month by

mail: Drinking Water Services  
 PO Box 14350  
 Portland, OR 97293-0350  
 email: [dwp\\_dmce@odhsoha.oregon.gov](mailto:dwp_dmce@odhsoha.oregon.gov)  
 fax: 971-673-0458