

Membrane Filter Monthly Operating Report

System Name: CHR-District Improvement Co.

County: Tillamook

PWS ID#: 41 - 00600

Month/Year: 10 - 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_{Max} [^{psi}/_{min}] .14

LRC [log removal] 4.00

DIT Daily

Day	CFE Daily Turbidity [NTU]	Highest CFE* [NTU]	Highest IFE [NTU] (>15 min duration)	Highest PDR of day [^{psi} / _{min}]	Lowest LRV _{ambient} of day [log removal]	[Y/N] or "off"
1	1	1	1	1		off
2	.035	1	.035	.01		Y
3	1	1	1	1		off
4	1	1	1	1		↓
5	1	1	1	1		↓
6	.039	1	.039	.01		Y
7	1	1	1	1		off
8	1	1	1	1		↓
9	.049	1	.049	.01		Y
10	1	1	1	1		off
11	1	1	1	1		↓
12	1	1	1	1		↓
13	.037	1	.037	.01		Y
14	1	1	1	1		off
15	1	1	1	1		↓
16	1	1	1	1		↓
17	1	1	1	1		↓
18	1	1	1	1		↓
19	.029	1	.029	.01		Y
20	1	1	1	1		off
21	1	1	1	1		↓
22	1	1	1	1		↓
23	1	1	1	1		↓
24	1	1	1	1		↓
25	1	1	1	1		↓
26	.045	1	.045	.02		Y
27	1	1	1	1		off
28	1	1	1	1		↓
29	1	1	1	1		↓
30	1	1	1	1		↓
31	1	1	1	1		↓

Compliance summary (operator to complete any blank fields)

95% of daily turbidity readings ≤ 1 NTU? <u>Y/N</u>	All turbidity readings ≤ 5 NTU? <u>Y/N</u>	All IFE turbidity readings ≤ 0.15 NTU? <u>Y/N</u>	Performance std met? <u>Y/N</u> (PDR ≤ PDR _{Max} LRV ≥ LRC)	DIT Daily? <u>Yes</u>
CT's met daily? (p. 2) <u>Yes</u>	All Cl ₂ residual at EP ≥ 0.2 mg/L? <u>Yes</u>	PDR < PDR _{Max} ? <u>Yes</u>	LRV _{ambient} ≥ LRC? <u>Yes</u>	

PRINTED NAME: TREVOR SCHWABER
SIGNATURE: [Signature]
Notes:

DATE: 11-10-2023
WT CERT #: T-436613
PHONE #: (541) 996-4443

* Used for optimization purposes only.

OCT. / 2023

Disinfection Monthly Operating Report

System Name: CHR-District Improvement Co.

PWS ID#: 41 - 00600

.5

Log Inactivation Required via Disinfection

Plant ID : WTP -

Day	Minimum Cl ₂ Residual at 1 st 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")
1200									
0900		47	32	16°	7.6-	18	Yes	50	OFF
0925			32	↓	↓	18	Yes	GPM	ON
1030			32	↓	7.5	15	Yes		OFF
0935			32	↓	↓	15	Yes		↓
0830	.6		28	15°	↓	14	Yes		↓
0830	.6		28	↓	↓	14	Yes		ON
0800	.6		28	↓	↓	14	Yes		OFF
1300	.6		28	↓	↓	14	Yes		↓
1200	.6		28	↓	↓	14	Yes		ON
1030	.6		28	↓	↓	14	Yes		OFF
0820	.6		28	↓	↓	14	Yes		↓
0800	.6		28	↓	7.4	14	Yes		↓
1000	.6		28	↓	↓	14	Yes		ON
1130	.6		28	↓	7.6-	17	Yes		OFF
1200	.6		28	↓	7.4	14	Yes		↓
1000	.6		28	↓	↓	14	Yes		↓
1000	.6		28	↓	↓	14	Yes		↓
0925	.6		28	↓	↓	14	Yes		↓
1130	.6		28	↓	↓	14	Yes		ON
1015	.6		28	↓	7.5	14	Yes		OFF
1000	.6		28	↓	↓	14	Yes		↓
1200	.6		28	↓	7.4	14	Yes		↓
0900	.6		28	↓	↓	14	Yes		↓
0900	.8		37	↓	7.5	15	Yes		↓
1000	.7		32	↓	↓	15	Yes		↓
0930	.7		32	↓	↓	15	Yes		ON
0945	1.0		47	↓	↓	15	Yes		OFF
0900	1.0		47	↓	7.6-	18	Yes		↓
1000	.9		42	↓	↓	18	Yes		↓
1045	.9		42	↓	↓	18	Yes		↓
1045	.6		28	↓	7.4	14	Yes		↓

* 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 10th of following month by

mail: Drinking Water Services
 PO Box 14350
 Portland, OR 97293-0350
 email: dwp.dnce@odhsoha.oregon.gov
 fax: 971-673-0458