

FEB/2024

OHA - DWS

Membrane Filter Monthly Operating Report

System Name: CHL District Improvement Co
 PWS ID#: 41 - 00600
 Plant ID: WTP - _____ (e.g., "A")

County: Tillamook
 Month/Year: February - 2024
 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

Day	CFE Daily Turbidity [NTU]	Highest CFE* [NTU]	Highest IFE [NTU] (>15 min duration)	PDR _{Max} [^{psi} / _{min}]	LRC [log removal]	DIT Daily
				.14	4.00	
1	.029	↳	.029	.01		Y
2	↳	↳	↳			
3	↳	↳	↳			
4	↳	↳	↳			
5	↳	↳	↳			
6	↳	↳	↳			
7	↳	↳	↳			
8	↳	↳	↳			
9	.049	↳	.049	.02		Y
10	↳	↳	↳			
11	↳	↳	↳			
12	.036	↳	.036	.02		Y
13	↳	↳	↳			
14	↳	↳	↳			
15	.029	↳	.029	.01		Y
16	↳	↳	↳			
17	↳	↳	↳			
18	↳	↳	↳			
19	.047	↳	.047	.01		Y
20	↳	↳	↳			
21	↳	↳	↳			
22	.042	↳	.042	.02		Y
23	.040	↳	.040	.01		Y
24	↳	↳	↳			
25	↳	↳	↳			
26	↳	↳	↳			
27	↳	↳	↳			
28	↳	↳	↳			
29	.052	↳	.052	.02		Y

[Handwritten scribbles]

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 _{Max} , LRV ≥ LRC)	DIT Daily? <input checked="" type="checkbox"/> [Y/N]
CT's met daily? (p. 2) <input checked="" type="checkbox"/> Yes	All Cl ₂ residual at EP ≥ 0.2 mg/L? <input checked="" type="checkbox"/> Yes	PDR ≤ PDR _{Max} ? <input checked="" type="checkbox"/> Yes	LRV _{ambient} ≥ LRC? <input checked="" type="checkbox"/> Yes	

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

DATE: 3-8-2024
 WT CERT #: T-436613
 PHONE #: (541)996-4444

⇨ Used for optimization purposes only.

FEB/2024

Disinfection Monthly Operating Report

System Name: CHR-District Improvement Co.

PWS ID#: 41 - 00600

Plant ID: WTP -

0.5 Log Inactivation Required via Disinfection

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")
1	1.2	47	56	10°	7.4	23	Yes	50	ON
2	1.5		70	11°	7.3	24	Yes	60	
3	1.4		65	↓	↓	23	Yes		
4	1.4		65	↓	7.5	23	Yes		
5	1.4		65	12°	↓	23	Yes		
6	1.2		56	10°	7.6	28	Yes		
7	1.4		65	↓	7.4	23	Yes		
8	1.3		61	↓	↓	23	Yes		
9	1.5		70	↓	↓	24	Yes		ON
10	1.6			↓	7.5	24	Yes		
11	1.4		65	↓	↓	23	Yes		
12	1.3		61	↓	7.4	23	Yes		ON
13	1.5		70	↓	↓	24	Yes		
14	1.6		75	↓	↓	24	Yes		ON
15	1.5		70	↓	↓	24	Yes		ON
16	1.6		75	↓	↓	24	Yes		ON
17	1.5		70	↓	↓	24	Yes		
18	1.4		65	↓	↓	23	Yes		
19	1.2		56	↓	7.3	23	Yes		ON
20	1.6		75	↓	7.4	24	Yes		
21	1.6		75	↓	7.5	24	Yes		
22	1.6		75	↓	↓	24	Yes		ON
23	1.3		61	↓	7.4	23	Yes		ON
24	1.2		56	↓	↓	23	Yes		
25	1.3		61	↓	↓	23	Yes		
26	1.2		56	↓	↓	23	Yes		
27	1.2		56	↓	↓	23	Yes		
28	1.0		47	↓	↓	22	Yes		
29	1.0		47	↓	↓	22	Yes		ON

* 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.dmce@odhscha.oregon.gov
 fax: 971-673-0458