

Membrane Filter Monthly Operating Report

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

County: Tillamook  
 Month/Year: March / 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 <sub>Max</sub> [ <sup>psi</sup> / <sub>min</sub> ]		LRC [log removal]	DIT Daily
				.14			
				.14		4.00	
Day	CFE Daily Turbidity [NTU]	Highest CFE* [NTU]	Highest IFE [NTU] (>15 min duration)	Highest PDR of day [ <sup>psi</sup> / <sub>min</sub> ]	Lowest LRV <sub>ambient</sub> of day [log removal]	[Y/N] or "off"	
1	1	1	1				
2	1	1	1				
3	1	1	1				
4	1	1	1				
5	1	1	1				
6	1	1	1				
7	.038	1	.038	.01			Y
8	1	1	1				
9	1	1	1				
10	1	1	1				
11	.039	1	.039	.01			Y
12	1	1	1				
13	1	1	1				
14	.041	1	.041	.02			Y
15	1	1	1				
16	1	1	1				
17	1	1	1				
18	.040	1	.040	.02			Y
19	1	1	1				
20	1	1	1				
21	1	1	1				
22	.044	1	.044	.02			Y
23	1	1	1				
24	1	1	1				
25	1	1	1				
26	.049	1	.049	.02			Y
27	1	1	1				
28	.041	1	.041	.02			Y
29	1	1	1				
30	1	1	1				
31	1	1	1				

Compliance summary (operator to complete any blank fields)

95% of daily turbidity readings ≤ 1 NTU? <input checked="" type="radio"/> [Y] <input type="radio"/> [N]	All turbidity readings ≤ 5 NTU? <input checked="" type="radio"/> [Y] <input type="radio"/> [N]	All IFE turbidity readings ≤ 0.15 NTU? <input checked="" type="radio"/> [Y] <input type="radio"/> [N]	Performance std met? <input checked="" type="radio"/> [Y] <input type="radio"/> [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: TREVOR SCHWABEL  
 SIGNATURE: [Signature]  
 Notes:

DATE: 4-10-2024  
 WT CERT #: T-436613  
 PHONE #: (503) 996-4443

\* Used for optimization purposes only.

**Disinfection Monthly Operating Report**

System Name: CAR-District Improvement Co.

PWS ID#: 41 - 00600

**0.5** Log Inactivation Required via Disinfection

Plant ID: WTP - #

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")
1	1.0	47	47	10°	7.5	22	Yes	50 GPM	.FF
2	1.0	47	47	↓	7.6-27	27	Yes		.FF
3	1.0	47	47	9°	7.5	30	Yes		.FF
4	1.4		65	↓	↓	31	Yes		.FF
5	1.4		65	↓	7.4	31	Yes		.FF
6	1.3		61	↓	↓	31	Yes		.FF
7	1.2		56	↓	↓	31	Yes		ON
8	1.4		65	↓	7.3	31	Yes		.FF
9	1.4		65	↓	7.4	31	Yes		.FF
10	1.3		61	↓	↓	31	Yes		.FF
11	1.3		61	↓	↓	31	Yes		ON
12	1.3		61	↓	↓	31	Yes		.FF
13	1.3		61	↓	↓	31	Yes		.FF
14	1.1		51	↓	↓	31	Yes		ON
15	1.1		51	↓	7.5	31	Yes		.FF
16	1.1		51	↓	7.4	31	Yes		.FF
17	1.0		47	↓	↓	30	Yes		.FF
18	1.0		47	↓	7.3	30	Yes		ON
19	1.2			↓	↓	31	Yes		.FF
20	1.0		47	10°	↓	22	Yes		.FF
21	1.1		51	↓	7.4	23	Yes		.FF
22	1.1		51	↓	↓	23	Yes		ON
23	.9			↓	7.6-27	27	Yes		.FF
24	1.0		47	↓	7.5	22	Yes		.FF
25	.9		42	↓	↓	22	Yes		.FF
26	.9		42	↓	↓	22	Yes		ON
27	1.4		65	↓	7.6-28	28	Yes		.FF
28	1.3		61	↓	7.5	23	Yes		ON
29	1.2		56	↓	7.4	23	Yes		.FF
30	1.0		47	↓	7.5	22	Yes		.FF
31	1.0		47	↓	↓	22	Yes		.FF

\* 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