

MAY/2024

OHA - DWS

Membrane Filter Monthly Operating Report

County: TILLAMOOK

System Name: CHR. District Improvement Co.

Month/Year: May - 2024

PWS ID#: 41 - 00600

Minimum test pressure applied || req'd: 30 psi || 30 psi

Plant ID: WTP - ✓ (e.g., "A")

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]

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 [^{psi} /min]	Lowest LRV _{ambient} of day [log removal]	[Y/N] or "off"
1	✓	✓	✓	✓		off
2	✓	✓	✓	✓		off
3	.041	✓	.041	.02		Y
4	✓	✓	✓	✓		off
5	✓	✓	✓	✓		off
6	.036	✓	.036	.01		Y
7	✓	✓	✓	✓		off
8	.028	✓	.028	.01		Y
9	.031	✓	.031	.01		Y
10	✓	✓	✓	✓		off
11	✓	✓	✓	✓		off
12	✓	✓	✓	✓		off
13	.028	✓	.028	.01		Y
14	✓	✓	✓	✓		off
15	✓	✓	✓	✓		off
16	.044	✓	.044	.02		Y
17	✓	✓	✓	✓		off
18	✓	✓	✓	✓		off
19	✓	✓	✓	✓		off
20	.032	✓	.032	.01		Y
21	✓	✓	✓	✓		off
22	✓	✓	✓	✓		off
23	✓	✓	✓	✓		off
24	✓	✓	✓	✓		off
25	✓	✓	✓	✓		off
26	✓	✓	✓	✓		off
27	.038	✓	.038	.02		Y
28	✓	✓	✓	✓		off
29	✓	✓	✓	✓		off
30	✓	✓	✓	✓		off
31	.035	✓	.035	.01		Y

Compliance summary (operator to complete any blank fields)

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

PRINTED NAME: TREVOR SCHWABEL

DATE: 6-10-2024

SIGNATURE: Tom Smith

WT CERT #: T-43661)

Notes:

PHONE #: (541) 996-4443

* Used for optimization purposes only.

May/2024

Disinfection Monthly Operating Report

System Name CHR-District Improvement Co.

PWS ID#: 41 - 00600

0.5

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")
1	.8	47	37	11°	7.4	22	Yes	50	off
2	.8		37	↓	↓	22	Yes	GPM	off
3	1.0		47	↓	7.3	22	Yes		off
4	1.0		47	↓	7.4	22	Yes		ON
5	.9		42	↓	7.3	22	Yes		off
6	.8		37	↓	7.4	22	Yes		ON
7	.8		37	↓	7.3	22	Yes		off
8	.9		42	↓	7.5	22	Yes		ON
9	1.0		47	↓	↓	22	Yes		ON
10	1.0		47	↓	↓	22	Yes		ON
11	1.0		47	↓	7.4	22	Yes		off
12	1.0		47	↓	↓	22	Yes		off
13	.9		42	↓	↓	22	Yes		off
14	1.3		61	↓	↓	23	Yes		ON
15	1.3		61	↓	7.5	23	Yes		off
16	1.0		47	↓	7.4	22	Yes		ON
17	1.1		51	↓	7.5	23	Yes		off
18	1.0		47	↓	↓	22	Yes		off
19	1.0		47	↓	↓	22	Yes		off
20	1.3		61	↓	7.7	23	Yes		off
21	1.0		47	↓	↓	22	Yes		ON
22	1.0		47	↓	↓	22	Yes		off
23	1.3		61	↓	7.5	23	Yes		off
24	1.4		65	↓	↓	23	Yes		off
25	1.4		65	↓	7.4	23	Yes		off
26	1.4		65	↓	7.5	23	Yes		off
27	1.3		61	↓	7.5	23	Yes		off
28	1.5		70	↓	↓	24	Yes		ON
29	1.7		79	↓	7.6	30	Yes		off
30	1.7		79	↓	↓	30	Yes		off
31	1.5		70	↓	7.6	29	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@odhsoha.oregon.gov
 fax: 971-673-0458