

JUNE 2024

Membrane Filter Monthly Operating Report

County: Tillamook

System Name: CRH District Improvement Co.

Month/Year: June - 2024

PWS ID#: 41 - 00600

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

Plant ID: WTP - T (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

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]	DIT Daily [Y/N] or "off"
				.14	4.00	
1	.037	↳	.037	.01		Y
2	↳	↳	↳	↳		off
3	.037	↳	.037	.01		Y
4	↳	↳	↳	↳		off
5	↳	↳	↳	↳		off
6	.035	↳	.035	.01		Y
7	↳	↳	↳	↳		off
8	↳	↳	↳	↳		off
9	↳	↳	↳	↳		off
10	↳	↳	↳	↳		off
11	↳	↳	↳	↳		off
12	.029	↳	.029	.01		Y
13	↳	↳	↳	↳		off
14	.026	↳	.026	.01		Y
15	↳	↳	↳	↳		off
16	↳	↳	↳	↳		off
17	.035	↳	.035	.02		Y
18	↳	↳	↳	↳		off
19	↳	↳	↳	↳		off
20	.037	↳	.037	.01		Y
21	↳	↳	↳	↳		off
22	↳	↳	↳	↳		off
23	↳	↳	↳	↳		off
24	↳	↳	↳	↳		off
25	↳	↳	↳	↳		off
26	↳	↳	↳	↳		off
27	↳	↳	↳	↳		off
28	↳	↳	↳	↳		off
29	.031	↳	.031	.01		Y
30	↳	↳	↳	↳		off
31						

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? 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 SCHWASEL
 SIGNATURE: [Signature]
 Notes:

DATE: 7-10-2024
 WT CERT #: T-436613
 PHONE #: (541) 996-4444

* Used for optimization purposes only.

JUNE/2024

Disinfection Monthly Operating Report

System Name: CHL-District Improvement Co.

PWS ID#: 41 - 00600

0.5

Log Inactivation Required via Disinfection

Plant ID : WTP - 4

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	12.0	7.5	23	Yes	50	ON
2	1.4		65	v	v	23	Yes	6 PM	off
3	1.4		65	v	v	23	Yes		ON
4	1.4		65	v	v	23	Yes		off
5	1.3		61	v	v	23	Yes		off
6	1.1		51	v	v	23	Yes		ON
7	1.2		56	v	v	23	Yes		off
8	1.2		56	v	7.6	28	Yes		off
9	1.0		47	v	7.5	22	Yes		off
10	.9		42	v	v	22	Yes		off
11	.9		42	v	7.4	22	Yes		off
12	1.3		61	v	7.6	28	Yes		ON
13	1.2		56	v	7.5	23	Yes		off
14	1.2		56	v	v	23	Yes		ON
15	1.2		56	v	v	23	Yes		off
16	1.2		56	v	v	23	Yes		off
17	1.2		56	v	v	23	Yes		ON
18	1.8		84	v	7.6	30	Yes		off
19	1.4		65	13.0	7.5	23	Yes		off
20	1.1		51	v	7.4	23	Yes		ON
21	1.4		65	v	7.5	23	Yes		off
22	1.4		65	v	v	23	Yes		off
23	1.3		61	v	7.4	23	Yes		off
24	1.3		61	v	v	23	Yes		off
25	1.4		65	v	v	23	Yes		off
26	1.4		65	v	v	23	Yes		off
27	1.3		61	v	7.5	23	Yes		off
28	1.1		51	v	v	23	Yes		off
29	1.2		56	v	v	23	Yes		ON
30	1.1		56	v	v	23	Yes		off

* 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