

July/2024

Membrane Filter Monthly Operating Report

System Name: CHL-District Improvement Co.

County: TILLAMOOK

Month/Year: July 1 2024

PWS ID#: 41 - 00600

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

Plant ID: WTP - 4 (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<sub>Max</sub> [<sup>psi</sup>/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 [ <sup>psi</sup> /min]	Lowest LRV <sub>ambient</sub> of day [log removal]	[Y/N] or "off"
1	1	1	1	1		off
2	1	1	1	1		off
3	1	1	1	1		off
4	.033	1	.033	.01		ON
5	.024	1	.024	.01		ON
6	1	1	1	1		off
7	.028	1	.028	.01		ON
8	1	1	1	1		off
9	1	1	1	1		off
10	1	1	1	1		off
11	1	1	1	1		off
12	.029	1	.029	.01		ON
13	.030	1	.030	.01		ON
14	.034	1	.034	.02		ON
15	.028	1	.028	.01		ON
16	1	1	1	1		off
17	1	1	1	1		off
18	.027	1	.027	.01		ON
19	1	1	1	1		off
20	.032	1	.032	.01		ON
21	1	1	1	1		off
22	.033	1	.033	.01		ON
23	.029	1	.029	.01		ON
24	.031	1	.031	.01		ON
25	.030	1	.030	.01		ON
26	.032	1	.032	.01		ON
27	.031	1	.031	.01		ON
28	.027	1	.027	.01		ON
29	.030	1	.030	.01		ON
30	.035	1	.035	.02		ON
31	1	1	1	1		off

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 <sub>Max</sub> , LRV ≥ LRC)	DIT Daily? <b>Yes</b>
CT's met daily? (p. 2) <b>Yes</b>	All Cl <sub>2</sub> residual at EP ≥ 0.2 mg/L? <b>Yes</b>	PDR ≤ PDR <sub>Max</sub> ? <b>Yes</b>	LRV <sub>ambient</sub> ≥ LRC? <b>Yes</b>	

PRINTED NAME: TREVOR SCHWABEL

SIGNATURE: Trevor Schwab

Notes:

DATE: 8-9-2024

WT CERT #: T-436613

PHONE #: (541) 996-4443

\* Used for optimization purposes only.

July/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 <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	1.4	47	65	13°	7.5	23	Yes	50	off
2	1.3		61	↓	↓	23	Yes	GPM	off
3	1.2		56	↓	↓	23	Yes		off
4	1.0		47	↓	7.4	22	Yes		ON
5	.9		42	↓	↓	22	Yes		ON
6	1.3		61	14°	↓	23	Yes		off
7	1.0		47	↓	7.5	22	Yes		ON
8	1.1		51	↓	↓	23	Yes		off
9	1.5			↓	7.6	29	Yes		off
10	1.2		56	↓	7.5	23	Yes		off
11	1.3		61	↓	7.4	23	Yes		off
12	1.2		56	↓	7.5	23	Yes		ON
13	.9		42	↓	7.4	22	Yes		ON
14	1.1		51	↓	↓	23	Yes		ON
15	1.2		56	↓	7.5	23	Yes		ON
16	1.0		47	↓	↓	22	Yes		off
17	1.0		47	↓	↓	22	Yes		off
18	1.0		47	↓	↓	22	Yes		ON
19	1.2		56	↓	↓	23	Yes		off
20	1.1		51	↓	7.6	28	Yes		ON
21	1.3		61	↓	↓	28	Yes		off
22	1.3		61	↓	↓	28	Yes		ON
23	1.0		47	↓	7.4	22	Yes		ON
24	1.3		61	↓	7.5	23	Yes		ON
25	1.2		56	↓	7.4	23	Yes		ON
26	1.3		61	15°	7.5	16	Yes		ON
27	1.5		70	↓	7.6	19	Yes		ON
28	1.3		61	↓	↓	19	Yes		ON
29	1.4		65	↓	↓	19	Yes		ON
30	1.4		65	↓	↓	19	Yes		ON
31	1.7		79	↓	↓	20	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 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