

OCT/2024

OHA - DWS

Membrane Filter Monthly Operating Report

County: TILLAMOOK

System Name: CHL District Improvement Co. Month/Year: 10-2024

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}] .14

LRC [log removal] 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	.00	1	1	1		off
2	1	1	1	1		off
3	1	1	1	1		off
4	1	1	1	1		off
5	1	1	1	1		off
6	1	1	1	1		off
7	.038	1	.038	.01		off
8	1	1	1	1		off
9	1	1	1	1		off
10	.039	1	.039	.01		off
11	1	1	1	1		off
12	1	1	1	1		off
13	1	1	1	1		off
14	.029	1	.029	.01		off
15	1	1	1	1		off
16	1	1	1	1		off
17	.048	1	.048	.01		off
18	1	1	1	1		off
19	1	1	1	1		off
20	1	1	1	1		off
21	1	1	1	1		off
22	1	1	1	1		off
23	1	1	1	1		off
24	1	1	1	1		off
25	1	1	1	1		off
26	1	1	1	1		off
27	.037	1	.037	.01		off
28	1	1	1	1		off
29	1	1	1	1		off
30	1	1	1	1		off
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 _{Max} , LRV ≥ LRC)	DIT Daily? <u>Yes</u>
CT's met daily? (p. 2) <u>Yes</u>	All Cl ₂ residual at EP ≥ 0.2 mg/L? <u>Yes</u>	PDR ≤ PDR _{Max} ? <u>Yes</u>	LRV _{ambient} ≥ LRC? <u>Yes</u>	

PRINTED NAME: TREVOR SCHWABEL

SIGNATURE: [Signature]

Notes:

DATE: 11-6-2024
 WT CERT #: T-436613
 PHONE #: (541)996-4443

* Used for optimization purposes only.

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Disinfection Monthly Operating Report

System Name: CHR-District Improvement Co.

PWS ID#: 41 - 00600

0.5 ☞ Log Inactivation Required via Disinfection

Plant ID: WTP - H

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	1.4	47	65	15°	7.5	16	Yes	50 GPM	
2	1.0	47	47	↓	7.4	15	Yes		
3	1.1	47	51	↓	↓	15	Yes		
4	1.2	47	56	↓	↓	15	Yes		
5	1.2	47	56	↓	↓	15	Yes		
6	1.0	47	47	14°	↓	22	Yes		
7	1.0	47	47	↓	↓	22	Yes		ON
8	.6	47	28	↓	↓	21	Yes		
9	.8	47	37	↓	7.5	22	Yes		
10	.8	47	37	↓	↓	22	Yes		ON
11	.9	47	42	↓	↓	22	Yes		
12	.9	47	42	↓	↓	22	Yes		
13	.8	47	37	↓	↓	22	Yes		
14	.7	47	32	↓	↓	22	Yes		ON
15	.7	47	32	↓	↓	22	Yes		
16	.6	47	28	↓	7.4	21	Yes		
17	.6	47	28	↓	↓	21	Yes		ON
18	.6	47	28	↓	↓	21	Yes		
19	.6	47	28	↓	↓	21	Yes		
20	.6	47	28	↓	↓	21	Yes		
21	.8	47	37	↓	7.5	22	Yes		
22	.8	47	37	↓	↓	22	Yes		
23	.6	47	28	↓	↓	21	Yes		
24	.6	47	28	↓	7.4	21	Yes		ON
25	1.5	47	70	↓	7.6	28	Yes		
26	1.1	47	51	↓	7.5	23	Yes		
27	.8	47	37	↓	↓	22	Yes		
28	.6	47	28	↓	↓	21	Yes		
29	.6	47	28	↓	7.4	21	Yes		
30	.6	47	28	13°	↓	21	Yes		
31	.6	47	28	↓	7.3	21	Yes		

* 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