

Nov/2024

OHA - DWS

Membrane Filter Monthly Operating Report

County: Tierras Amarillas

System Name: CHR. District Improvement Co.

Month/Year: 11 / 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

Day	CFE Daily Turbidity [NTU]	Highest CFE* [NTU]	Highest IFE [NTU] (>15 min duration)	PDR _{Max} [psi/min]	LRC [log removal]	DIT Daily [Y/N] or "off"
				.14	4.00	
1	0.049	1	0.049	0.01		off
2	0.034	1	0.034	0.01		off
3	0.049	1	0.049	0.01		off
4	1	1	1	1		off
5	1	1	1	1		off
6	0.038	1	0.038	0.01		off
7	0.034	1	0.034	0.01		off
8	1	1	1	1		off
9	1	1	1	1		off
10	0.041	1	0.041	0.01		off
11	1	1	1	1		off
12	0.044	1	0.044	0.01		off
13	1	1	1	1		off
14	1	1	1	1		off
15	0.030	1	0.030	0.01		off
16	1	1	1	1		off
17	1	1	1	1		off
18	0.039	1	0.039	0.01		off
19	1	1	1	1		off
20	1	1	1	1		off
21	0.035	1	0.035	0.01		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	0.049	1	0.049	0.01		off
28	1	1	1	1		off
29	0.034	1	0.034	0.01		off
30	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? <input checked="" type="checkbox"/> Yes
CT's met daily? (p. 2) <input checked="" type="checkbox"/> Yes	All Cl ₂ residual at EP ≥ 0.2 mg/L? <input checked="" type="checkbox"/> Yes	PDR ≤ PDR _{Max} ? <input checked="" type="checkbox"/> Yes	LRV _{ambient} ≥ LRC? <input checked="" type="checkbox"/> Yes	

PRINTED NAME: TREVA SCHNADEL
 SIGNATURE: [Signature]
 Notes:

DATE: 12/05/2024
 WT CERT #: T-436613
 PHONE #: (541) 996-4443

* Used for optimization purposes only

Nov/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	.6	47	28	13°	7.3	21	Yes	50 GPM	off	
2	.6		28	↓	7.4	21	Yes		off	
3	.6		28	↓	7.3	21	Yes		ON	
4	.6		28	↓	↓	21	Yes		off	
5	1.2		56	↓	↓	23	Yes		off	
6	.8		37	↓	↓	22	Yes		ON	
7	.7		32	↓	↓	22	Yes		ON	
8	.7		32	↓	↓	22	Yes		off	
9	.6		28	↓	↓	21	Yes		off	
10	.8		37	↓	↓	7.4	22		Yes	ON
11	.6		28	↓	↓	7.3	21		Yes	off
12	.5		23	↓	↓	21	Yes		ON	
13	.7		32	↓	↓	22	Yes		off	
14	.6		28	↓	↓	21	Yes		off	
15	.6		28	↓	↓	21	Yes		ON	
16	.6		28	↓	↓	7.4	21		Yes	off
17	.8		37	↓	↓	22	Yes		off	
18	.8		37	12°	7.3	22	Yes		ON	
19	.6		28	↓	↓	21	Yes		off	
20	.7		32	↓	↓	22	Yes		off	
21	.6		28	↓	↓	7.4	21		Yes	ON
22	.6		28	↓	↓	7.3	21		Yes	off
23	.7		32	↓	↓	7.4	22		Yes	off
24	.7		32	↓	↓	22	Yes		off	
25	.6		28	↓	↓	21	Yes		off	
26	.6		28	↓	↓	21	Yes		off	
27	.6		28	↓	↓	7.3	21		Yes	ON
28	.8		37	↓	↓	7.4	22		Yes	off
29	.9		42	11°	7.5	22	Yes		ON	
30	.8		37	↓	↓	7.4	22		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