

DEC/2024

OHA - DWS

Membrane Filter Monthly Operating Report

County: TILLAMOOK

System Name: CHR-District Improvement Co.

Month/Year: December / 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_{Max} [^{psi}/_{min}]

LRC [log removal]

DIT Daily

.14

4.00

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	.042	✓	.042	.01	✓	ON
2	✓	✓	✓	✓	✓	ON
3	.038	✓	.038	.01	✓	ON
4	✓	✓	✓	✓	✓	ON
5	.038	✓	.038	.01	✓	ON
6	✓	✓	✓	✓	✓	ON
7	✓	✓	✓	✓	✓	ON
8	✓	✓	✓	✓	✓	ON
9	.045	✓	.045	.01	✓	ON
10	✓	✓	✓	✓	✓	ON
11	✓	✓	✓	✓	✓	ON
12	.033	✓	.033	.01	✓	ON
13	✓	✓	✓	✓	✓	ON
14	✓	✓	✓	✓	✓	ON
15	.044	✓	.044	.01	✓	ON
16	.035	✓	.035	.01	✓	ON
17	✓	✓	✓	✓	✓	ON
18	.049	✓	.049	.01	✓	ON
19	✓	✓	✓	✓	✓	ON
20	.037	✓	.037	.01	✓	ON
21	✓	✓	✓	✓	✓	ON
22	✓	✓	✓	✓	✓	ON
23	.032	✓	.032	.01	✓	ON
24	.037	✓	.037	.01	✓	ON
25	✓	✓	✓	✓	✓	ON
26	✓	✓	✓	✓	✓	ON
27	✓	✓	✓	✓	✓	ON
28	✓	✓	✓	✓	✓	ON
29	✓	✓	✓	✓	✓	ON
30	✓	✓	✓	✓	✓	ON
31	✓	✓	✓	✓	✓	ON

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 SCHNABEL

DATE: 1-02-2025

SIGNATURE: [Signature]

WT CERT #: T-436613

Notes:

PHONE #: (541) 996-4443

* Used for optimization purposes only.

DEC/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 GPM	ON
2	.9	47	42	↓	↓	22	Yes		off
3	1.0	47	47	↓	↓	22	Yes		ON
4	1.0	47	47	↓	7.3	22	Yes		off
5	1.0	47	47	↓	↓	22	Yes		ON
6	1.0	47	47	↓	↓	22	Yes		off
7	1.0	47	47	↓	↓	22	Yes		off
8	1.0	47	47	↓	↓	22	Yes		off
9	.9	42	42	↓	↓	22	Yes		ON
10	.9	42	42	10°	↓	22	Yes		off
11	.7	32	32	↓	↓	22	Yes		off
12	.9	42	42	11°	↓	22	Yes		ON
13	1.2	47	47	↓	↓	22	Yes		off
14	.8	37	37	↓	7.4	22	Yes		off
15	.8	37	37	↓	7.3	22	Yes		ON
16	1.0	47	47	↓	7.4	22	Yes		ON
17	1.2	56	56	↓	7.3	23	Yes		off
18	1.1	51	51	10°	↓	23	Yes		ON
19	1.0	47	47	↓	7.2	22	Yes		off
20	1.0	47	47	11°	7.3	22	Yes		ON
21	.9	42	42	↓	↓	22	Yes		off
22	.8	37	37	↓	↓	22	Yes		off
23	.8	37	37	↓	↓	22	Yes		ON
24	.9	42	42	↓	↓	22	Yes		ON
25	.9	42	42	↓	↓	22	Yes		off
26	.9	42	42	↓	7.4	22	Yes		off
27	.8	37	37	↓	↓	22	Yes		off
28	.7	32	32	↓	↓	22	Yes		off
29	.8	37	37	↓	↓	22	Yes		off
30	.6	28	28	↓	↓	21	Yes		off
31	.6	28	28	↓	↓	21	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