

JAN. / 2024

Membrane Filter Monthly Operating Report

County: TILLAMOOK

System Name: CHR-District Improvement Co. Month/Year: January / 2025

PWS ID#: 41 - 00600 Minimum test pressure applied || req'd: 30 psi || 30 psi

Plant ID: WTP - W (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]

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	.039	1	.039	.01		off
2	1	1	1	1		Yes
3	1	1	1	1		Yes
4	1	1	1	1		Yes
5	1	1	1	1		Yes
6	.031	1	.031	.01		Yes
7	1	1	1	1		Yes
8	1	1	1	1		Yes
9	.033	1	.033	.01		Yes
10	1	1	1	1		Yes
11	1	1	1	1		Yes
12	1	1	1	1		Yes
13	1	1	1	1		Yes
14	1	1	1	1		Yes
15	1	1	1	1		Yes
16	.038	1	.038	.01		Yes
17	1	1	1	1		Yes
18	1	1	1	1		Yes
19	1	1	1	1		Yes
20	1	1	1	1		Yes
21	1	1	1	1		Yes
22	1	1	1	1		Yes
23	.028	1	.028	.01		Yes
24	1	1	1	1		Yes
25	1	1	1	1		Yes
26	1	1	1	1		Yes
27	1	1	1	1		Yes
28	1	1	1	1		Yes
29	1	1	1	1		Yes
30	.028	1	.028	.01		Yes
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? <input checked="" type="checkbox"/> [Y/N]
CT's met daily? (p. 2) <input checked="" type="checkbox"/> Yes	All Cl <sub>2</sub> residual at EP ≥ 0.2 mg/L? <input checked="" type="checkbox"/> Yes	PDR ≤ PDR <sub>Max</sub> ? <input checked="" type="checkbox"/> Yes	LRV <sub>ambient</sub> ≥ LRC? <input checked="" type="checkbox"/> Yes	

PRINTED NAME: TREVOR SCHNABEL

SIGNATURE: Trevor Schnabel

Notes: Im Jth.

DATE: 2-5-2025

WT CERT #: T-436613

PHONE #: (541)998-4443

◆ Used for optimization purposes only.

JAN. / 2025

**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	.6	47	28	11°	7.4	21	Yes		off
2	.9		42	↓	7.3	22	Yes	50	ON
3	1.0	mins.	47	↓	↓	22	Yes	GPM	off
4	.8		37	↓	↓	22	Yes		off
5	.8		37	↓	↓	22	Yes		off
6	1.0		47	↓	↓	22	Yes		ON
7	.9		42	↓	↓	22	Yes		off
8	.8		37	↓	↓	22	Yes		off
9	.9		42	↓	↓	22	Yes		ON
10	.9		42	↓	↓	22	Yes		off
11	.9		42	↓	↓	22	Yes		off
12	.8		37	↓	↓	22	Yes		off
13	.9		42	10°	7.2	22	Yes		off
14	.7		32	↓	7.3	22	Yes		off
15	.9		42	↓	↓	22	Yes		off
16	1.0		47	↓	↓	22	Yes		ON
17	.9		42	↓	7.2	22	Yes		off
18	.9		42	↓	↓	22	Yes		off
19	.9		42	↓	7.3	22	Yes		off
20	.8		37	↓	↓	22	Yes		off
21	1.0		47	↓	↓	22	Yes		off
22	.9		42	↓	7.2	22	Yes		off
23	1.0		47	↓	7.3	22	Yes		ON
24	.7		32	9°	↓	29	Yes		off
25	.8		37	↓	↓	29	Yes		off
26	.8		37	↓	↓	29	Yes		off
27	.8		37	↓	↓	29	Yes		off
28	.8		37	↓	↓	29	Yes		off
29	.9		42	↓	↓	30	Yes		off
30	1.0		47	↓	7.4	30	Yes		ON
31	1.0		47	↓	7.3	30	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