

Feb./2025

Membrane Filter Monthly Operating Report

County: TILLAMOOK

System Name: Chl. District Improvement Co.

Month/Year: February / 2025

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	1	1	1	1	1	Y
2	1	1	1	1	1	Y
3	.029	1	.029	.01	1	Y
4	1	1	1	1	1	Y
5	.032	1	.032	.01	1	Y
6	.031	1	.031	.01	1	Y
7	1	1	1	1	1	Y
8	1	1	1	1	1	Y
9	1	1	1	1	1	Y
10	1	1	1	1	1	Y
11	1	1	1	1	1	Y
12	1	1	1	1	1	Y
13	1	1	1	1	1	Y
14	1	1	1	1	1	Y
15	1	1	1	1	1	Y
16	1	1	1	1	1	Y
17	1	1	1	1	1	Y
18	1	1	1	1	1	Y
19	1	1	1	1	1	Y
20	.019	1	.019	.01	1	Y
21	.013	1	.013	.01	1	Y
22	1	1	1	1	1	Y
23	1	1	1	1	1	Y
24	1	1	1	1	1	Y
25	1	1	1	1	1	Y
26	.075	1	.075	.01	1	Y
27	1	1	1	1	1	Y
28	.013	1	.013	.01	1	Y
29	scribble					
30	scribble					
31	scribble					

Compliance summary (operator to complete any blank fields)

95% of daily turbidity readings ≤ 1 NTU? <input checked="" type="radio"/> Y <input type="radio"/> N	All turbidity readings ≤ 5 NTU? <input checked="" type="radio"/> Y <input type="radio"/> N	All IFE turbidity readings ≤ 0.15 NTU? <input checked="" type="radio"/> Y <input type="radio"/> N	Performance std met? <input checked="" type="radio"/> Y <input type="radio"/> N (PDR ≤ PDR _{Max} , LRV ≥ LRC)	DIT Daily? <input checked="" type="radio"/> Yes <input type="radio"/> No
CT's met daily? (p. 2) <input checked="" type="radio"/> Yes <input type="radio"/> No	All Cl ₂ residual at EP ≥ 0.2 mg/L? <input checked="" type="radio"/> Yes <input type="radio"/> No	PDR ≤ PDR _{Max} ? <input checked="" type="radio"/> Yes <input type="radio"/> No	LRV _{ambient} ≥ LRC? <input checked="" type="radio"/> Yes <input type="radio"/> No	

PRINTED NAME: TREVOR SCHWABEL

SIGNATURE: [Signature]

Notes:

DATE: 3-3-2025
 WT CERT #: T-436613
 PHONE #: (541)996-4447

* Used for optimization purposes only.

Feb. / 2025

Disinfection Monthly Operating Report

System Name: CHE-District Improvement Co.

PWS ID#: 41 - 00600

0.5

Log Inactivation Required via Disinfection

Plant ID : WTP - 11

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	1.0	47	47	9°	7.3	30	Yes	50	off
2	.9	47	42	↓	↓	30	Yes	↓	off
3	1.0	47	47	↓	7.4	30	Yes	6 PM	ON
4	.9	47	42	↓	7.3	30	Yes	↓	off
5	.9	47	42	↓	↓	30	Yes	↓	ON
6	.9	47	42	↓	↓	30	Yes	↓	ON
7	.9	47	42	8°	↓	30	Yes	↓	off
8	.8	37	37	↓	↓	29	Yes	↓	off
9	.9	47	42	↓	↓	30	Yes	↓	off
10	.9	47	42	↓	↓	30	Yes	↓	off
11	.8	37	37	↓	↓	29	Yes	↓	off
12	.7	32	32	↓	↓	29	Yes	↓	off
13	.7	32	32	↓	↓	29	Yes	↓	off
14	.7	32	32	↓	↓	29	Yes	↓	off
15	.7	32	32	↓	↓	29	Yes	↓	off
16	.8	37	37	↓	↓	29	Yes	↓	off
17	.7	32	32	↓	↓	29	Yes	↓	off
18	.7	32	32	↓	↓	29	Yes	↓	off
19	1.1	51	51	↓	↓	31	Yes	↓	off
20	.8	37	37	9°	↓	29	Yes	↓	ON
21	.7	32	32	↓	↓	29	Yes	↓	ON
22	.7	32	32	↓	↓	29	Yes	↓	off
23	.8	37	37	↓	↓	29	Yes	↓	off
24	.7	32	32	↓	7.2	29	Yes	↓	off
25	.7	32	32	↓	7.3	29	Yes	↓	off
26	.7	32	32	↓	↓	29	Yes	↓	ON
27	1.0	47	47	↓	↓	30	Yes	↓	off
28	.9	47	42	↓	↓	30	Yes	↓	ON
29									
30									
31									

* 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