MARCH/2025

OHA - DWS

Membrane Filter Monthly Operating Report

System Name: CHR-District Improvement Co. County: TILLAMOOK

PWS ID#: 41 - 00600 Month/Year: 03 / 2025

Plant ID: WTP - TA (e.g., "A") Minimum test pressure applied || req'd: 30 psi || 30 psi

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]
.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]	DIT Daily [Y/N] or "off"
1	→	→	→	→		off
2	.022	→	.022	.01		Y
3	→	→	→	→		off
4	.013	→	.013	.01		Y
5	→	→	→	→		off
6	.014	→	.014	.01		Y
7	→	→	→	→		off
8	→	→	→	→		off
9	.022	→	.022	.03		Y
10	→	→	→	→		off
11	.017	→	.017	.02		Y
12	→	→	→	→		off
13	.013	→	.013	.03		Y
14	.013	→	.013	.03		Y
15	→	→	→	→		off
16	→	→	→	→		off
17	.022	→	.022	.01		Y
18	→	→	→	→		off
19	.024	→	.024	.01		Y
20	.022	→	.022	.01		Y
21	→	→	→	→		off
22	→	→	→	→		off
23	→	→	→	→		off
24	.029	→	.029	.01		Y
25	→	→	→	→		off
26	.018	→	.018	.01		Y
27	.015	→	.015	.01		Y
28	.020	→	.020	.01		Y
29	→	→	→	→		off
30	→	→	→	→		off
31	→	→	→	→		off

Compliance summary (operator to complete any blank fields)

95% of daily turbidity readings ≤ 1 NTU? (Y/N)	All turbidity readings ≤ 5 NTU? (Y/N)	All IFE turbidity readings ≤ 0.15 NTU? (Y/N)	Performance std met? (Y/N) (PDR ≤ PDR_{Max}, LRV ≥ LRC)	DIT Daily?
				Yes

CT's met daily? (p. 2)	All Cl_2 residual at EP ≥ 0.2 $^{mg}/_{L}$?	PDR ≤ PDR_{Max}?	$LRV_{ambient}$ ≥ LRC?
Yes	Yes	Yes	Yes

PRINTED NAME: TREVOR SCHWABEL DATE: 4-01-2025

SIGNATURE: WT CERT #: T-4366 IJ

Notes: PHONE #: (541) 996-4443

* *Used for optimization purposes only.*

Revised 7/31/2023

OHA-DWS

MARCH/2025

Disinfection Monthly Operating Report

System Name: CHR-District Improvement Co

PWS ID#: 41 - 00600

. Plant ID : WTP - U

0.5 ⇦ Log Inactivation Required via Disinfection

Day	Minimum Cl_2 Residual at 1st 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	9°	7.3	29	YES	50	off
2	.8		37	10°	7.4	22	Yes		ON
3	.8		37	↓	7.3	22	Yes	GPM	off
4	.9		42	↓	7.2	22	Yes		ON
5	.9		42	↓	7.3	22	Yes		off
6	.7		32	↓	↓	21	Yes		ON
7	.6		28	↓	↓	21	Yes		off
8	.8		37	↓	↓	22	Yes		off
9	.9		42	↓	↓	22	Yes		ON
10	.8		37	↓	↓	22	Yes		off
11	.9		42	↓	↓	22	Yes		ON
12	.9		42	↓	↓	22	Yes		off
13	.8		37	↓	7.4	22	Yes		ON
14	.8		37	↓	↓	22	Yes		ON
15	.8		37	↓	7.3	22	Yes		off
16	.8		37	↓	7.4	22	Yes		off
17	.8		37	↓	7.3	22	Yes		ON
18	.9		42	↓	↓	22	Yes		off
19	.9		42	↓	↓	22	Yes		ON
20	1.1			↓	↓	23	Yes		ON
21	1.0		47	↓	↓	22	Yes		off
22	1.0		47	↓	↓	22	Yes		off
23	.9		42	↓	↓	22	Yes		off
24	.8		37	↓	↓	22	Yes		ON
25	.7		32	↓	↓	21	Yes		off
26	1.1		51	10°	7.5	23	Yes		ON
27	1.2		56	11°	7.4	23	Yes		ON
28	1.1		51	10°	↓	23	Yes		ON
29	1.0		47	11°	↓	22	Yes		off
30	1.0		47	↓	↓	22	Yes		off
31	.9		42	↓	7.3	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

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