APRIL/2025

OHA - DWS

Membrane Filter Monthly Operating Report

County: TILLAMOOK

System Name: CHR-District Improvement Co. Month/Year: 04-2025

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

Plant ID: WTP - 1 (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]
.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	.015	"	.015	.00		Y
3	.015	"	.015	.00		Y
4	.022	"	.022	.00		Y
5	"	"	"	"		off
6	"	"	"	"		off
7	.019	"	.019	.00		Y
8	"	"	"	"		off
9	.019	"	.019	.00		Y
10	"	"	"	"		off
11	.015	"	.015	.01		Y
12	"	"	"	"		off
13	"	"	"	"		off
14	.021	"	.021	.00		Y
15	"	"	"	"		off
16	.014	"	.014	.00		Y
17	.013	"	.013	.00		Y
18	.013	"	.013	.00		Y
19	"	"	"	"		off
20	"	"	"	"		off
21	.013	"	.013	.00		Y
22	"	"	"	"		off
23	"	"	"	"		off
24	.019	"	.019	.00		Y
25	.016	"	.016	.00		Y
26	"	"	"	"		off
27	"	"	"	"		off
28	.020	"	.020	.00		Y
29	"	"	"	"		off
30	.013	"	.013	.00		Y

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 SCHNABEL DATE: 5-01-2025

SIGNATURE: WT CERT #: T-43613

Notes: PHONE #: (541) 996-4443

♣ *Used for optimization purposes only.*

Revised 7/31/2023

OHA-DWS

~~MARCH~~ APRIL / 2025

Disinfection Monthly Operating Report

System Name: CHR-District Improvement Co.

PWS ID#: 41 - 00600

Plant ID : WTP - 1

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

Revised 7/31/2023