JUNE/2025

OHA - DWS

Membrane Filter Monthly Operating Report

County: TILLAMOOK

System Name: CHR-District Improvement Co

Month/Year: 06-2025

PWS ID#: 41 - 00600

Minimum test pressure **applied** || **req'd**: 30 psi || 30 psi

Plant ID: WTP - H (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	.013	↓	.013	.00	↓	Y
2	↓	↓	↓	↓	↓	off
3	↓	↓	↓	↓	↓	off
4	.020	↓	.020	.00	↓	Y
5	.013	↓	.013	.00	↓	Y
6	.013	↓	.013	.00	↓	Y
7	↓	↓	↓	↓	↓	off
8	.012	↓	.012	.00	↓	Y
9	.013	↓	.013	.00	↓	Y
10	↓	↓	↓	↓	↓	off
11	.015	↓	.015	.00	↓	Y
12	.015	↓	.015	.00	↓	Y
13	.012	↓	.012	.00	↓	Y
14	↓	↓	↓	↓	↓	off
15	.015	↓	.015	.00	↓	Y
16	.014	↓	.014	.00	↓	Y
17	↓	↓	↓	↓	↓	off
18	.016	↓	.016	.01	↓	Y
19	↓	↓	↓	↓	↓	off
20	.020	↓	.020	.01	↓	Y
21	↓	↓	↓	↓	↓	off
22	.013	↓	.013	.01	↓	Y
23	.018	↓	.018	.01	↓	Y
24	↓	↓	↓	↓	↓	off
25	.024	↓	.024	.01	↓	Y
26	↓	↓	↓	↓	↓	off
27	.013	↓	.013	.01	↓	Y
28	↓	↓	↓	↓	↓	off
29	.014	↓	.014	.01	↓	Y
30	.012	↓	.012	↓	↓	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

SIGNATURE:

DATE: 7-2-2025

WT CERT #: T-43613

PHONE #(541) 996-4443

Notes:

Revised 7/31/2023

♠ *Used for optimization purposes only.*

OHA-DWS

JUNE/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	.5	47	23	12°	7.3	21	Yes	50	ON
2	1.0	47	47	↓	7.4	22	Yes	GPM	off
3	1.0		47	↓	↓	22	Yes		off
4	.7		32	13°	7.5	22	Yes		ON
5	.6		28	↓	7.4	21	Yes		ON
6	1.0		47	↓	7.5	22	Yes		ON
7	1.0		47	↓	↓	22	Yes		off
8	.8		37	↓	7.4	22	Yes		ON
9	1.2		56	↓	↓	23	Yes		ON
10	1.0		47	↓	↓	22	Yes		off
11	.8		37	↓	7.5	22	Yes		ON
12	1.2		56	↓	↓	23	Yes		ON
13	1.2		56	↓	7.4	23	Yes		ON
14	1.1		51	↓	↓	23	Yes		off
15	.8		37	↓	7.5	22	Yes		ON
16	1.2		56	↓	↓	23	Yes		ON
17	1.2		56	↓	↓	23	Yes		off
18	.9		42	↓	↓	22	Yes		ON
19	.9		42	↓	7.4	22	Yes		off
20	.9		42	↓	7.5	22	Yes		ON
21	.9		42	↓	↓	22	Yes		off
22	.7		32	↓	7.4	22	Yes		ON
23	.6		28	↓	↓	21	Yes		ON
24	.6		28	↓	↓	21	Yes		off
25	.5		23	↓	↓	21	Yes		ON
26	1.5		70	14°	7.6 - 28		Yes		off
27	1.1		51	↓	7.5	23	Yes		ON
28	1.1		51	↓	↓	23	Yes		off
29	1.1		51	↓	↓	23	Yes		ON
30	1.1		51	↓	7.4	23	Yes		ON

* 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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