OHA - DWS

Membrane Filter Monthly Operating Report

County: **Tillamook**

System Name: **CHR District Improvement CO**

Month/Year: **Jul-2025**

PWS ID#: 41 - **00600**

Minimum test pressure **applied**: **18** psi

Plant ID: WTP - **A** *(e.g., "A")*

Minimum test pressure **req'd**: **14.7** 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]	DIT Daily
0.720	4.00	

Day	CFE Daily Turbidity [NTU]	Highest CFE♣ [NTU]	Highest IFE [NTU] (>15 minutes)	Highest PDR of day [$^{psi}/_{min}$]	Lowest $LRV_{ambient}$ of day [log removal]	[Y/N] or "off"
1	Off	Off	Off	Off		Off
2	0.014	0.014	0.014	0.010		Y
3	Off	Off	Off	Off		Off
4	0.014	0.0142	0.014	0.010		Y
5	Off	Off	Off	Off		Off
6	0.013	0.013	0.013	0.010		Y
7	0.017	0.017	0.017	0.010		Y
8	0.015	0.015	0.015	0.010		Y
9	0.016	0.016	0.016	0.010		Y
10	Off	Off	Off	Off		Off
11	0.015	0.015	0.015	0.010		Y
12	Off	Off	Off	Off		Off
13	Off	Off	Off	Off		Off
14	Off	Off	Off	Off		Off
15	0.015	0.0152	0.015	0.010		Y
16	Off	Off	Off	Off		Off
17	Off	Off	Off	Off		Off
18	0.017	0.0168	0.017	0.010		Y
19	Off	Off	Off	Off		Off
20	0.017	0.0172	0.017	0.010		Y
21	Off	Off	Off	Off		Off
22	Off	Off	Off	Off		Off
23	0.015	0.0148	0.015	0.001		Y
24	Off	Off	Off	Off		Off
25	Off	Off	Off	Off		Off
26	0.017	0.0165	0.017	0.001		Y
27	Off	Off	Off	Off		Off
28	Off	Off	Off	Off		Off
29	0.013	0.0129	0.013	0.001		Y
30	0.013	0.0127	0.013	0.001		Y
31	Off	Off	Off	Off		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	Yes	Yes	Yes	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	

PRINTED NAME: Troy N. Trute **DATE:** 8/6/2025

SIGNATURE: Troy N. Trute **WT CERT #:** D-08123 T-08076

Notes: **PHONE #:** 541-992-1655

♣ *Used for optimization purposes only.*

Revised 10/1/2024

Disinfection Monthly Operating Report

System Name: **CHR District Improvement CO**

PWS ID#: 41 - **00600**

Plant ID : WTP - **A**

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	Off	49	Off	14.0	7.40	Off	Off	Off	Plant Off
2	0.700	49	34.3	14.0	7.40	16.3	YES	50	
3	Off	49	Off	14.0	7.40	Off	Off	Off	Plant Off
4	0.600	49	29.4	14.0	7.40	16.1	YES	50	
5	Off	49	Off	14.0	7.40	Off	Off	Off	Plant Off
6	0.700	49	34.3	14.0	7.40	16.3	YES	50	
7	0.800	49	39.2	14.0	7.50	17.1	YES	50	
8	0.600	49	29.4	14.0	7.50	16.7	YES	50	
9	0.800	49	39.2	14.0	7.40	16.5	YES	50	
10	Off	49	Off	14.0	7.50	Off	Off	Off	Plant Off
11	0.800	49	39.2	14.0	7.40	16.5	YES	50	
12	Off	49	Off	14.0	7.50	Off	Off	Off	Plant Off
13	Off	49	Off	14.0	7.40	Off	Off	Off	Plant Off
14	Off	49	Off	14.0	7.40	Off	Off	Off	Plant Off
15	0.600	49	29.4	14.0	7.40	16.1	YES	50	
16	Off	49	Off	14.0	7.40	Off	Off	Off	Plant Off
17	Off	49	Off	14.0	7.50	Off	Off	Off	Plant Off
18	0.900	49	44.1	14.0	7.40	16.7	YES	50	
19	Off	49	Off	14.0	7.40	Off	Off	Off	Plant Off
20	0.800	49	39.2	14.0	7.40	16.5	YES	50	
21	Off	49	Off	14.8	7.50	Off	Off	Off	Plant Off
22	Off	49	Off	14.5	7.60	Off	Off	Off	Plant Off
23	0.800	49	39.2	15.1	7.60	16.5	YES	50	
24	Off	49	Off	14.8	7.60	Off	Off	Off	Plant Off
25	Off	49	Off	15.2	7.60	Off	Off	Off	Plant Off
26	0.500	49	24.5	15.3	7.80	17.0	YES	50	
27	Off	49	Off	14.8	7.60	Off	Off	Off	Plant Off
28	Off	49	Off	15.0	7.40	Off	Off	Off	Plant Off
29	0.500	49	24.5	14.8	7.50	15.7	YES	50	
30	0.400	49	19.6	14.6	7.30	14.6	YES	50	
31	Off	49	Off	15.8	7.30	Off	Off	Off	Plant 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

Revised 7/31/2023