OHA - DWS

Membrane Filter Monthly Operating Report

County: **Tillamook**

System Name: **CHR District Improvement CO**

Month/Year: **Aug-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]
0.140	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]	DIT Daily [Y/N] or "off"
1	0.013	0.0128	0.013	0.001		Y
2	Off	Off	Off	0.001		Off
3	Off	Off	Off	0.001		Off
4	0.013	0.0129	0.013	0.001		Y
5	0.013	0.0129	0.013	0.001		Y
6	Off	Off	Off	0.001		Off
7	0.013	0.0129	0.013	0.001		Y
8	Off	Off	Off	0.001		Off
9	Off	Off	Off	0.001		Off
10	0.013	0.0129	0.013	0.001		Y
11	0.013	0.0128	0.013	0.001		Y
12	0.013	0.0129	0.013	0.001		Y
13	Off	Off	Off	0.001		Off
14	0.014	0.0135	0.014	0.001		Y
15	Off	Off	Off	0.001		Off
16	0.017	0.0166	0.017	0.001		Y
17	0.013	0.0126	0.013	0.001		Y
18	Off	Off	Off	0.001		Off
19	0.013	0.013	0.013	0.001		Y
20	Off	Off	Off	0.001		Off
21	0.015	0.015	0.015	0.001		Y
22	0.013	0.013	0.013	0.001		Y
23	Off	Off	Off	0.001		Off
24	0.015	0.015	0.015	0.001		Y
25	Off	Off	Off	0.001		Off
26	0.014	0.014	0.014	0.001		Y
27	Off	Off	Off	0.001		Off
28	0.013	0.013	0.013	0.001		Y
29	0.014	0.014	0.014	0.001		Y
30	0.013	0.0129	0.013	0.001		Y
31	0.013	0.013	0.013	0.001		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	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:** 9/8/2025

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	0.400	49	19.6	15.5	7.40	14.3	YES	50	
2	Off	49	Off	Off	Off	Off	Off	Off	Plant Off
3	Off	49	Off	Off	Off	Off	Off	Off	Plant Off
4	0.400	49	19.6	15.5	7.40	14.3	YES	50	
5	1.000	49	49.0	15.3	7.40	15.5	YES	50	
6	Off	49	Off	Off	Off	Off	Off	Off	Plant Off
7	0.600	49	29.4	15.6	7.30	14.0	YES	50	
8	Off	49	Off	Off	Off	Off	Off	Off	Plant Off
9	Off	49	Off	Off	Off	Off	Off	Off	Plant Off
10	0.500	49	24.5	15.4	7.50	15.1	YES	50	
11	0.400	49	19.6	15.8	7.50	14.5	YES	50	
12	1.200	49	58.8	15.7	7.40	15.4	YES	50	
13	Off	49	Off	Off	Off	Off	Off	Off	Plant Off
14	0.800	49	39.2	15.3	7.40	15.1	YES	50	
15	Off	49	Off	Off	Off	Off	Off	Off	Plant Off
16	0.900	49	44.1	15.8	7.40	14.8	YES	50	
17	0.700	49	34.3	15.9	7.40	14.4	YES	50	
18	Off	49	Off	Off	Off	Off	Off	Off	Plant Off
19	1.000	49	49.0	15.9	7.30	14.3	YES	50	
20	Off	49	Off	Off	Off	Off	Off	Off	Plant Off
21	0.500	49	24.5	15.0	7.40	14.9	YES	50	
22	0.800	49	39.2	15.0	7.30	14.9	YES	50	
23	Off	49	Off	Off	Off	Off	Off	Off	Plant Off
24	0.400	49	19.6	15.7	7.30	13.6	YES	50	
25	Off	49	Off	Off	Off	Off	Off	Off	Plant Off
26	1.000	49	49.0	15.0	7.40	15.8	YES	50	
27	Off	49	Off	Off	Off	Off	Off	Off	Plant Off
28	1.000	49	49.0	15.0	7.50	16.4	YES	50	
29	0.600	49	29.4	15.0	7.40	15.1	YES	50	
30	1.100	49	53.9	16.1	7.40	14.8	YES	50	
31	1.200	49	58.8	15.0	7.40	16.2	YES	50	

♦ 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