

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** psiPlant ID: WTP - **A**Minimum test pressure req'd: **14.7** psi

(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]

0.140

LRC [log removal]

4.00

DIT
Daily

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	0.015	0.015	0.015	0.001		Y
2	0.013	0.013	0.013	0.001		Y
3	Off	Off	Off	0.001		Off
4	0.024	0.024	0.024	0.001		Y
5	Off	Off	Off	0.001		Off
6	Off	Off	Off	0.001		Off
7	0.013	0.013	0.013	0.001		Y
8	Off	Off	Off	0.001		Off
9	0.022	0.022	0.022	0.001		Y
10	Off	Off	Off	0.001		Off
11	0.014	0.014	0.014	0.001		Y
12	0.012	0.012	0.012	0.001		Y
13	Off	Off	Off	0.001		Off
14	0.013	0.013	0.013	0.001		Y
15	0.013	0.013	0.013	0.001		Y
16	Off	Off	Off	0.001		Off
17	0.014	0.014	0.014	0.001		Y
18	Off	Off	Off	0.001		Off
19	0.015	0.015	0.015	0.001		Y
20	0.012	0.012	0.012	0.001		Y
21	Off	Off	Off	0.001		Off
22	0.015	0.015	0.015	0.001		Y
23	0.017	0.017	0.017	0.001		Y
24	Off	Off	Off	0.001		Off
25	0.022	0.022	0.022	0.001		Y
26	0.013	0.013	0.013	0.001		Y
27	Off	Off	Off	0.001		Off
28	0.015	0.015	0.015	0.001		Y
29	Off	Off	Off	0.001		Off
30	0.014	0.014	0.014	0.001		Y

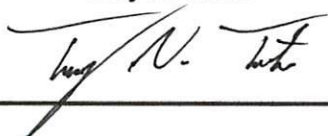
Compliance summary (operator to complete any blank fields)

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

SIGNATURE:



Notes:

DATE:

10/8/2025

WT CERT #:

D-08123 T-08076

PHONE #:

541-992-1655

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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 1 st 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	1.100	49	53.9	15.0	7.40	16.0	YES	50	
2	1.300	49	63.7	15.0	7.40	16.3	YES	50	
3	Off	49	Off	Off	Off	Off	Off	Off	Plant Off
4	1.000	49	49.0	16.0	7.50	15.3	YES	50	
5	Off	49	Off	Off	Off	Off	Off	Off	Plant Off
6	Off	49	Off	Off	Off	Off	Off	Off	Plant Off
7	1.200	49	58.8	15.0	7.40	16.2	YES	50	
8	Off	49	Off	Off	Off	Off	Off	Off	Plant Off
9	1.800	49	88.2	15.0	7.40	17.3	YES	50	
10	Off	49	Off	Off	Off	Off	Off	Off	Plant Off
11	1.200	49	58.8	15.8	7.50	15.9	YES	50	
12	1.000	49	49.0	15.9	7.40	14.9	YES	50	
13	Off	49	Off	Off	Off	Off	Off	Off	Plant Off
14	1.000	49	49.0	15.0	7.40	15.8	YES	50	
15	0.700	49	34.3	15.9	7.40	14.4	YES	50	
16	Off	49	Off	Off	Off	Off	Off	Off	Plant Off
17	0.500	49	24.5	15.9	7.40	14.1	YES	50	
18	Off	49	Off	Off	Off	Off	Off	Off	Plant Off
19	0.700	49	34.3	16.1	7.40	14.2	YES	50	
20	0.900	49	44.1	15.8	7.40	14.8	YES	50	
21	Off	49	Off	Off	Off	Off	Off	Off	Plant Off
22	0.800	49	39.2	15.9	7.40	14.5	YES	50	
23	1.000	49	49.0	15.7	7.30	14.5	YES	50	
24	Off	49	Off	Off	Off	Off	Off	Off	Plant Off
25	0.600	49	29.4	15.8	7.40	14.3	YES	50	
26	1.000	49	49.0	15.7	7.30	14.5	YES	50	
27	Off	49	Off	Off	Off	Off	Off	Off	Plant Off
28	0.800	49	39.2	15.7	7.30	14.2	YES	50	
29	Off	49	Off	Off	Off	Off	Off	Off	Plant Off
30	0.900	49	44.1	15.4	7.40	15.2	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

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