

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** psiPlant 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]

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	Off	Off	Off	Off		Off
2	0.013	0.013	0.013	0.0010		Y
3	Off	Off	Off	Off		Off
4	0.012	0.012	0.012	0.0010		Y
5	Off	Off	Off	Off		Off
6	0.015	0.015	0.015	0.0010		Y
7	Off	Off	Off	Off		Off
8	Off	Off	Off	Off		Off
9	0.013	0.013	0.013	0.0010		Y
10	0.012	0.012	0.012	0.0010		Y
11	Off	Off	Off	Off		Off
12	Off	Off	Off	Off		Off
13	0.012	0.012	0.012	0.0010		Y
14	Off	Off	Off	Off		Off
15	Off	Off	Off	Off		Off
16	0.017	0.017	0.017	0.0010		Y
17	Off	Off	Off	Off		Off
18	Off	Off	Off	Off		Off
19	0.015	0.015	0.015	0.0054		Y
20	Off	Off	Off	Off		Off
21	0.015	0.015	0.015	0.0096		Y
22	Off	Off	Off	Off		Off
23	0.013	0.013	0.013	0.0088		Y
24	Off	Off	Off	Off		Off
25	Off	Off	Off	Off		Off
26	Off	Off	Off	Off		Off
27	0.013	0.013	0.013	0.0088		Y
28	Off	Off	Off	Off		Off
29	Off	Off	Off	Off		Off
30	0.014	0.014	0.014	0.0103		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: **11/7/2025**

SIGNATURE:

WT CERT #:

D-08123 T-08076

Notes:

PHONE #:

541-992-1655

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Disinfection Monthly Operating Report

System Name: CHR District Improvement COPWS ID#: 41 - 00600Plant 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	Off	49	Off	15.6	7.30	Off	Off	Off	Plant Off
2	0.600	49	29.4	15.4	7.40	14.7	YES	50	
3	Off	49	Off	15.2	7.30	Off	Off	Off	Plant Off
4	0.600	49	29.4	15.3	7.30	14.3	YES	50	
5	Off	49	Off	15.4	7.30	Off	Off	Off	Plant Off
6	0.600	49	29.4	15.5	7.20	13.6	YES	50	
7	Off	49	Off	15.4	7.40	Off	Off	Off	Plant Off
8	Off	49	Off	15.4	7.40	Off	Off	Off	Plant Off
9	0.600	49	29.4	15.5	7.30	14.1	YES	50	
10	0.700	49	34.3	15.5	7.30	14.2	YES	50	
11	Off	49	Off	15.5	7.30	Off	Off	Off	Plant Off
12	Off	49	Off	15.4	7.30	Off	Off	Off	Plant Off
13	0.700	49	34.3	15.2	7.30	14.5	YES	50	
14	Off	49	Off	14.9	7.30	Off	Off	Off	Plant Off
15	Off	49	Off	14.9	7.30	Off	Off	Off	Plant Off
16	0.600	49	29.4	14.9	7.30	14.6	YES	50	
17	Off	49	Off	14.6	7.40	Off	Off	Off	Plant Off
18	Off	49	Off	14.5	7.30	Off	Off	Off	Plant Off
19	0.700	49	34.3	14.7	7.40	15.6	YES	50	
20	Off	49	Off	14.4	7.40	Off	Off	Off	Plant Off
21	0.500	49	24.5	14.4	7.30	15.0	YES	50	
22	Off	49	Off	14.8	7.20	Off	Off	Off	Plant Off
23	0.600	49	29.4	14.5	7.30	15.0	YES	50	
24	Off	49	Off	14.4	7.30	Off	Off	Off	Plant Off
25	Off	49	Off	14.2	7.30	Off	Off	Off	Plant Off
26	Off	49	Off	14.3	7.30	Off	Off	Off	Plant Off
27	0.500	49	24.5	14.4	7.30	15.0	YES	50	
28	Off	49	Off	14.0	7.10	Off	Off	Off	Plant Off
29	Off	49	Off	14.1	7.20	Off	Off	Off	Plant Off
30	1.000	49	49.0	14.1	7.30	16.2	YES	50	
31	Off	49	Off	14.1	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

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