

Membrane Filter Monthly Operating Report

County: Tillamook

System Name: CHR District Improvement CO

Month/Year: Nov-2025

PWS ID#: 41 - 00600

Minimum test pressure applied: 18 psi

Plant 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

PDR_{Max} [psi/min]

LRC [log removal]

LRC = Log Removal Credit

0.140

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	0.0073		Y
3	Off	Off	Off	Off		Off
4	0.012	0.012	0.012	0.0073		Y
5	Off	Off	Off	Off		Off
6	Off	Off	Off	Off		Off
7	0.016	0.016	0.016	0.0015		Y
8	Off	Off	Off	Off		Off
9	0.080	0.08	0.080	0.0132		Y
10	Off	Off	Off	Off		Off
11	0.011	0.011	0.011	0.0073		Y
12	Off	Off	Off	Off		Off
13	0.035	0.035	0.035	0.0073		Y
14	Off	Off	Off	Off		Off
15	0.023	0.02271	0.023	0.0088		Y
16	Off	Off	Off	Off		Off
17	0.025	0.02533	0.025	0.0088		Y
18	0.025	0.02533	0.025	0.0078		Y
19	0.024	0.02351	0.024	0.0078		Y
20	0.027	0.02686	0.027	0.0034		Y
21	0.035	0.0345	0.035	0.0054		Y
22	Off	Off	Off	Off		Off
23	Off	Off	Off	Off		Off
24	0.033	0.0327	0.033	0.0064		Y
25	Off	Off	Off	Off		Off
26	Off	Off	Off	Off		Off
27	0.028	0.0277	0.028	0.0069		Y
28	Off	Off	Off	Off		Off
29	Off	Off	Off	Off		Off
30	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		

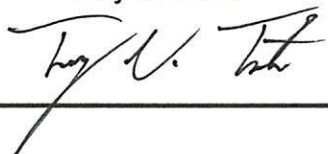
PRINTED NAME:

Troy N. Trute

DATE:

12/5/2025

SIGNATURE:



WT CERT #:

D-08123 T-08076

Notes:

PHONE #:

541-992-1655

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Disinfection Monthly Operating ReportSystem 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	Off	49	Off			Off	Off	Off	Plant Off
2	1.100	49	53.9	14.0	7.40	17.1	YES	50	
3	Off	49	Off			Off	Off	Off	Plant Off
4	1.300	49	63.7	14.0	7.30	16.8	YES	50	
5	Off	49	Off			Off	Off	Off	Plant Off
6	Off	49	Off			Off	Off	Off	Plant Off
7	1.000	49	49.0	14.0	7.30	16.3	YES	50	
8	Off	49	Off			Off	Off	Off	Plant Off
9	1.600	49	78.4	13.9	7.40	18.2	YES	50	
10	Off	49	Off			Off	Off	Off	Plant Off
11	1.600	49	78.4	13.6	7.40	18.6	YES	50	
12	Off	49	Off			Off	Off	Off	Plant Off
13	1.600	49	78.4	13.6	7.30	17.9	YES	50	
14	Off	49	Off			Off	Off	Off	Plant Off
15	1.600	49	78.4	13.6	7.50	19.3	YES	50	
16	Off	49	Off			Off	Off	Off	Plant Off
17	1.500	49	73.5	13.3	7.50	19.4	YES	50	
18	1.500	49	73.5	13.9	7.50	18.7	YES	50	
19	1.500	49	73.5	13.8	7.50	18.8	YES	50	
20	1.800	49	88.2	13.3	7.40	19.4	YES	50	
21	1.800	49	88.2	13.4	7.40	19.2	YES	50	
22	Off	49	Off			Off	Off	Off	Plant Off
23	Off	49	Off			Off	Off	Off	Plant Off
24	1.000	49	49.0	12.8	7.40	18.3	YES	50	
25	Off	49	Off			Off	Off	Off	Plant Off
26	Off	49	Off			Off	Off	Off	Plant Off
27	1.100	49	53.9	12.9	7.40	18.4	YES	50	
28	Off	49	Off			Off	Off	Off	Plant Off
29	Off	49	Off			Off	Off	Off	Plant Off
30	Off	49	Off			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: dpw.dmce@odhsoha.oregon.gov
fax: 971-673-0458

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