

# OHA - DWS

## Membrane Filter Monthly Operating Report

County: Tillamook

System Name: CHR District Improvement CO

Month/Year: Dec-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

LRC = Log Removal Credit

PDR<sub>Max</sub> [<sup>psi</sup>/<sub>min</sub>]

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 [ <sup>psi</sup> / <sub>min</sub> ]	Lowest LRV <sub>ambient</sub> of day [log removal]	[Y/N] or "off"
1	0.018	0.018	0.018	0.0069		Y
2	Off	Off	Off	Off		Off
3	Off	Off	Off	Off		Off
4	0.019	0.019	0.019	0.0064		Y
5	Off	Off	Off	Off		Off
6	Off	Off	Off	Off		Off
7	Off	Off	Off	Off		Off
8	Off	Off	Off	Off		Off
9	Off	Off	Off	Off		Off
10	Off	Off	Off	Off		Off
11	0.019	0.0185	0.019	0.0064		Y
12	0.018	0.01823	0.018	0.0035		Y
13	0.019	0.01885	0.019	0.0035		Y
14	0.019	0.01916	0.019	0.0073		Y
15	Off	Off	Off	Off		Off
16	0.020	0.01951	0.020	0.0071		Y
17	Off	Off	Off	Off		Off
18	Off	Off	Off	Off		Off
19	Off	Off	Off	Off		Off
20	Off	Off	Off	Off		Off
21	0.031	0.03052	0.031	0.0067		Y
22	Off	Off	Off	Off		Off
23	Off	Off	Off	Off		Off
24	Off	Off	Off	Off		Off
25	0.018	0.01801	0.018	0.0073		Y
26	Off	Off	Off	Off		Off
27	Off	Off	Off	Off		Off
28	0.019	0.01892	0.019	0.0054		Y
29	Off	Off	Off	Off		Off
30	Off	Off	Off	Off		Off
31	0.017	0.01748	0.017	0.0073		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 <sub>Max</sub> , LRV ≥ LRC)	DIT Daily?
Yes	Yes	Yes	Yes	Yes
CT's met daily? (p. 2)	All Cl <sub>2</sub> residual at EP ≥ 0.2 mg/L?	PDR ≤ PDR <sub>Max</sub> ?	LRV <sub>ambient</sub> ≥ LRC?	
Yes	Yes	Yes		

PRINTED NAME:	Troy N. Trute	DATE:	1/8/2026
SIGNATURE:		WT CERT #:	D-08123 T-08076
Notes:		PHONE #:	541-992-1655

**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 <sub>2</sub> Residual at 1 <sup>st</sup> 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	1.000	49	49.0	12.9	7.40	18.2	YES	50	
2	Off	49	Off			Off	Off	Off	Plant Off
3	Off	49	Off			Off	Off	Off	Plant Off
4	1.600	49	78.4	12.7	7.50	20.4	YES	50	
5	Off	49	Off			Off	Off	Off	Plant Off
6	Off	49	Off			Off	Off	Off	Plant Off
7	Off	49	Off			Off	Off	Off	Plant Off
8	Off	49	Off			Off	Off	Off	Plant Off
9	Off	49	Off			Off	Off	Off	Plant Off
10	Off	49	Off			Off	Off	Off	Plant Off
11	1.100	49	53.9	12.7	7.40	18.6	YES	50	
12	1.100	49	53.9	12.7	7.40	18.6	YES	50	
13	1.300	49	63.7	12.8	7.40	18.9	YES	50	
14	1.500	49	73.5	12.7	7.50	20.2	YES	50	
15	Off	49	Off			Off	Off	Off	Plant Off
16	2.300	49	112.7	12.7	7.50	22.1	YES	50	
17	Off	49	Off			Off	Off	Off	Plant Off
18	Off	49	Off			Off	Off	Off	Plant Off
19	Off	49	Off			Off	Off	Off	Plant Off
20	Off	49	Off			Off	Off	Off	Plant Off
21	1.400	49	68.6	12.4	7.40	19.8	YES	50	
22	Off	49	Off			Off	Off	Off	Plant Off
23	Off	49	Off			Off	Off	Off	Plant Off
24	Off	49	Off			Off	Off	Off	Plant Off
25	0.600	49	29.4	12.1	7.20	17.3	YES	50	
26	Off	49	Off			Off	Off	Off	Plant Off
27	Off	49	Off			Off	Off	Off	Plant Off
28	0.800	49	39.2	11.7	7.40	19.4	YES	50	
29	Off	49	Off			Off	Off	Off	Plant Off
30	Off	49	Off			Off	Off	Off	Plant Off
31	0.700	49	34.3	11.6	7.30	18.7	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 10<sup>th</sup> of following month by**

mail: Drinking Water Services  
 PO Box 14350  
 Portland, OR 97293-0350  
 email: [dpw.dmce@odhsoha.oregon.gov](mailto:dpw.dmce@odhsoha.oregon.gov)  
 fax: 971-673-0458