

OHA - DWS

Membrane Filter Monthly Operating Report

County: **Tillamook**

System Name: **CHR District Improvement CO**

Month/Year: **Jan-2026**

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]
0.140

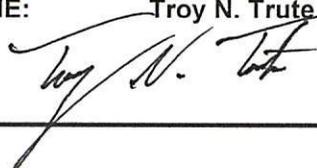
LRC [log removal]
4.00

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	Off	Off	Off	Off		Off
3	0.02045	0.020	0.020	0.0073		Y
4	Off	Off	Off	Off		Off
5	Off	Off	Off	Off		Off
6	Off	Off	Off	Off		Off
7	0.01740	0.017	0.017	0.0073		Y
8	Off	Off	Off	Off		Off
9	0.01740	0.017	0.017	0.0073		Y
10	Off	Off	Off	Off		Off
11	Off	Off	Off	Off		Off
12	Off	Off	Off	Off		Off
13	0.01984	0.020	0.020	0.0073		Y
14	0.01740	0.017	0.017	0.0005		Y
15	Off	Off	Off	Off		Off
16	0.01740	0.017	0.017	0.0005		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	0.01984	0.020	0.020	0.0005		Y
22	Off	Off	Off	Off		Off
23	Off	Off	Off	Off		Off
24	Off	Off	Off	Off		Off
25	0.02625	0.026	0.026	0.0005		Y
26	0.01770	0.018	0.018	0.0005		Y
27	Off	Off	Off	Off		Off
28	Off	Off	Off	Off		Off
29	0.02106	0.021	0.021	0.0005		Y
30	Off	Off	Off	Off		Off
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: 2/9/2026
SIGNATURE: 	WT CERT #: D-08123 T-08076
Notes:	PHONE #: 541-992-1655

* Used for optimization purposes only.

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	Off	49	Off			Off	Off	Off	Plant Off
2	Off	49	Off			Off	Off	Off	Plant Off
3	0.400	49	19.6	11.4	7.20	17.7	YES	50	
4	Off	49	Off			Off	Off	Off	Plant Off
5	Off	49	Off			Off	Off	Off	Plant Off
6	Off	49	Off			Off	Off	Off	Plant Off
7	0.700	49	34.3	11.2	7.30	19.2	YES	50	
8	Off	49	Off			Off	Off	Off	Plant Off
9	0.600	49	29.4	11.1	7.50	20.4	YES	50	
10	Off	49	Off			Off	Off	Off	Plant Off
11	Off	49	Off			Off	Off	Off	Plant Off
12	Off	49	Off			Off	Off	Off	Plant Off
13	0.400	49	19.6	11.1	7.30	18.6	YES	50	
14	1.500	49	73.5	11.0	7.50	22.8	YES	50	
15	Off	49	Off			Off	Off	Off	Plant Off
16	1.000	49	49.0	11.1	7.50	21.4	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	0.900	49	44.1	11.0	7.50	21.3	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	10.7	7.30	19.6	YES	50	
26	1.400	49	68.6			4.6	YES	50	
27	Off	49	Off			Off	Off	Off	Plant Off
28	Off	49	Off			Off	Off	Off	Plant Off
29	0.900	49	44.1	10.4	7.30	20.6	YES	50	
30	Off	49	Off			Off	Off	Off	Plant Off
31	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: dwp.dmce@odhsoha.oregon.gov

fax: 971-673-0458