

# OHA - DWS

## Membrane Filter Monthly Operating Report

County: Tillamook

System Name: CHR District Improvement CO

Month/Year: Feb-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

<b>PDR<sub>Max</sub> [psi/min]</b>	<b>LRC [log removal]</b>
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 <sub>ambient</sub> of day [log removal]	[Y/N] or "off"
1	0.01840	0.018	0.018	0.0005		Y
2	Off	Off	Off	Off		Off
3	Off	Off	Off	Off		Off
4	0.02019	0.020	0.020	0.0050		Y
5	Off	Off	Off	Off		Off
6	0.02118	0.021	0.021	0.0064		Y
7	Off	Off	Off	Off		Off
8	0.02065	0.021	0.021	0.0064		Y
9	0.02411	0.024	0.024	0.0064		Y
10	Off	Off	Off	Off		Off
11	Off	Off	Off	Off		Off
12	0.02045	0.020	0.020	0.0064		Y
13	Off	Off	Off	Off		Off
14	Off	Off	Off	Off		Off
15	0.02594	0.026	0.026	0.0064		Y
16	0.01862	0.019	0.019	0.0064		Y
17	Off	Off	Off	Off		Off
18	Off	Off	Off	Off		Off
19	0.01953	0.020	0.020	0.0064		Y
20	0.01862	0.019	0.019	0.0064		Y
21	Off	Off	Off	Off		Off
22	Off	Off	Off	Off		Off
23	0.02015	0.020	0.020	0.0064		Y
24	0.01985	0.020	0.020	0.0064		Y
25	Off	Off	Off	Off		Off
26	0.02128	0.021	0.021	0.0064		Y
27	Off	Off	Off	Off		Off
28	0.02311	0.023	0.023	0.0064		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: <b>Troy N. Trute</b>	DATE: <b>3/9/2026</b>
SIGNATURE:	WT CERT #: <b>D-08123 T-08076</b>
Notes:	PHONE #: <b>541-992-1655</b>

♣ 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 <sub>2</sub> Residual at 1 <sup>st</sup> User ( C ) <sup>†</sup> [mg/L = ppm]	Contact Time (T) [minutes]	Actual CT C x T (Formula)	Temp [° C]	pH	Required CT (Formula)	CT Met? <sup>†</sup> [Yes / No] (Formula)	Peak Hourly Demand Flow [GPM]	Notes (e.g. "Plant Off")
1	0.700	49	34.3	10.7	7.40	20.5	YES	50	
2	Off	49	Off			Off	Off	Off	Plant Off
3	Off	49	Off			Off	Off	Off	Plant Off
4	0.500	49	24.5	11.0	7.30	19.0	YES	50	
5	Off	49	Off			Off	Off	Off	Plant Off
6	0.500	49	24.5	11.2	7.30	18.7	YES	50	
7	Off	49	Off			Off	Off	Off	Plant Off
8	0.600	49	29.4	11.3	7.30	18.8	YES	50	
9	0.500	49	24.5	11.2	7.30	18.7	YES	50	
10	Off	49	Off			Off	Off	Off	Plant Off
11	Off	49	Off			Off	Off	Off	Plant Off
12	0.800	49	39.2	11.2	7.30	19.4	YES	50	
13	Off	49	Off			Off	Off	Off	Plant Off
14	Off	49	Off			Off	Off	Off	Plant Off
15	0.500	49	24.5	11.1	7.40	19.5	YES	50	
16	0.900	49	44.1	10.9	7.40	20.7	YES	50	
17	Off	49	Off			Off	Off	Off	Plant Off
18	Off	49	Off			Off	Off	Off	Plant Off
19	0.700	49	34.3	10.3	7.50	21.8	YES	50	
20	0.900	49	44.1	10.2	7.60	23.2	YES	50	
21	Off	49	Off			Off	Off	Off	Plant Off
22	Off	49	Off			Off	Off	Off	Plant Off
23	0.800	49	39.2	10.2	7.60	23.0	YES	50	
24	1.000	49	49.0	10.3	7.70	24.2	YES	50	
25	Off	49	Off			Off	Off	Off	Plant Off
26	1.200	49	58.8	10.4	8.00	27.4	YES	50	
27	Off	49	Off			Off	Off	Off	Plant Off
28	0.800	49	39.2	10.5	7.80	24.2	YES	50	

<sup>†</sup> 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: [dwp.dmce@odhsoha.oregon.gov](mailto:dwp.dmce@odhsoha.oregon.gov)

fax: 971-673-0458