

OHA - DWS

Membrane Filter Monthly Operating Report

County: **Tillamook**

System Name: **CHR District Improvement CO**

Month/Year: **Mar-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	0.02503	0.025	0.025	0.0064		Y
4	0.02045	0.020	0.020	0.0064		Y
5	Off	Off	Off	Off		Off
6	0.02350	0.024	0.024	0.0064		Y
7	0.02014	0.020	0.020	0.0064		Y
8	0.02014	0.020	0.020	0.0064		Y
9	0.02014	0.020	0.020	0.0064		Y
10	Off	Off	Off	Off		Off
11	0.02045	0.020	0.020	0.0064		Y
12	Off	Off	Off	Off		Off
13	Off	Off	Off	Off		Off
14	Off	Off	Off	Off		Off
15	0.02411	0.024	0.024	0.0064		Y
16	0.02241	0.022	0.022	0.0064		Y
17	Off	Off	Off	Off		Off
18	Off	Off	Off	Off		Off
19	Off	Off	Off	Off		Off
20	0.02136	0.021	0.021	0.0064		Y
21	0.02251	0.023	0.023	0.0064		Y
22	Off	Off	Off	Off		Off
23	Off	Off	Off	Off		Off
24	0.02503	0.025	0.025	0.0064		Y
25	0.01984	0.020	0.020	0.0064		Y
26	0.02125	0.021	0.021	0.0064		Y
27	0.02013	0.020	0.020	0.0064		Y
28	Off	Off	Off	Off		Off
29	0.02650	0.027	0.027	0.0064		Y
30	Off	Off	Off	Off		Off
31	0.02350	0.024	0.024	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 _{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: **4/9/2026**

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	1.000	49	49.0	10.5	7.70	23.9	YES	50	
4	1.000	49	49.0	10.6	7.80	24.6	YES	50	
5	Off	49	Off			Off	Off	Off	Plant Off
6	0.800	49	39.2	10.6	7.70	23.2	YES	50	
7	1.000	49	49.0	10.7	7.70	23.5	YES	50	
8	0.800	49	39.2	10.8	7.50	21.3	YES	50	
9	0.800	49	39.2	10.5	7.50	21.7	YES	50	
10	Off	49	Off			Off	Off	Off	Plant Off
11	0.800	49	39.2	10.5	7.50	21.7	YES	50	
12	Off	49	Off			Off	Off	Off	Plant Off
13	Off	49	Off			Off	Off	Off	Plant Off
14	Off	49	Off			Off	Off	Off	Plant Off
15	0.600	49	29.4	10.9	7.50	20.7	YES	50	
16	0.600	49	29.4	11.0	7.50	20.6	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	0.800	49	39.2	11.1	7.60	21.6	YES	50	
21	0.800	49	39.2	11.1	7.60	21.6	YES	50	
22	Off	49	Off			Off	Off	Off	Plant Off
23	Off	49	Off			Off	Off	Off	Plant Off
24	1.200	49	58.8	11.2	7.80	24.1	YES	50	
25	0.900	49	44.1	11.2	7.80	23.3	YES	50	
26	1.000	49	49.0	11.2	7.80	23.6	YES	50	
27	0.900	49	44.1	11.2	7.60	21.7	YES	50	
28	Off	49	Off			Off	Off	Off	Plant Off
29	0.800	49	39.2	10.7	7.50	21.5	YES	50	
30	Off	49	Off			Off	Off	Off	Plant Off
31	1.000	49	49.0	10.9	7.60	22.4	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 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