

OHA - DWS

Membrane Filter Monthly Operating Report

System Name: CHA - District Improvement Co. County: Tillamook
 PWS ID#: 41 - 00600 Month/Year: Aug. 12^o23
 Plant ID: WTP - ? (e.g., "A") Minimum test pressure applied || req'd: 60 psi || 60 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

| Day | CFE Daily Turbidity [NTU] | Highest CFE* [NTU] | Highest IFE [NTU] (>15 min duration) | Highest PDR of day [psi/min] | Lowest LRV _{ambient} of day [log removal] | DIT Daily |
|-----|---------------------------|--------------------|--------------------------------------|------------------------------|--|----------------|
| | | | | | | [Y/N] or "off" |
| 1 | OFF | — | — | | ? | — |
| 2 | OFF | — | — | | | — |
| 3 | .026 | .026 | .026 | .01 | | Yes |
| 4 | .030 | .030 | .030 | .02 | | Yes |
| 5 | OFF | — | — | | | — |
| 6 | OFF | — | — | | | — |
| 7 | .031 | .031 | .031 | .01 | | Yes |
| 8 | OFF | — | — | | | — |
| 9 | OFF | — | — | | | — |
| 10 | .025 | .025 | .025 | .01 | | Yes |
| 11 | OFF | — | — | | | — |
| 12 | OFF | — | — | | | — |
| 13 | OFF | — | — | | | — |
| 14 | .033 | .033 | .033 | .02 | | Yes |
| 15 | OFF | — | — | | | — |
| 16 | OFF | — | — | | | — |
| 17 | OFF | — | — | | | — |
| 18 | OFF | — | — | | | — |
| 19 | OFF | — | — | | | — |
| 20 | .041 | .041 | .041 | .01 | | Yes |
| 21 | OFF | — | — | | | — |
| 22 | OFF | — | — | | | — |
| 23 | .021 | .021 | .021 | .02 | | Yes |
| 24 | .028 | .028 | .028 | .02 | | Yes |
| 25 | OFF | — | — | | | — |
| 26 | OFF | — | — | | | — |
| 27 | OFF | — | — | | | — |
| 28 | .066 | .066 | .066 | .01 | | Yes |
| 29 | OFF | — | — | | | — |
| 30 | OFF | — | — | | | — |
| 31 | OFF | — | — | | | — |

Compliance summary (operator to complete any blank fields)

| | | | | |
|--|---|--|---|------------|
| 95% of daily turbidity readings ≤ 1 NTU? <input checked="" type="checkbox"/> [Y/N] | All turbidity readings ≤ 5 NTU? <input checked="" type="checkbox"/> [Y/N] | All IFE turbidity readings ≤ 0.15 NTU? <input checked="" type="checkbox"/> [Y/N] | Performance std met? [Y/N] (PDR ≤ PDR _{Max} , LRV ≥ LRC) | DIT Daily? |
| CT's met daily? (p. 2) <u>Yes</u> | All Cl ₂ residual at EP ≥ 0.2 mg/L? <u>Yes</u> | PDR ≤ PDR _{Max} ? <u>.15</u> | LRV _{ambient} ≥ LRC? | |

PRINTED NAME: TREVOR SCHWABER

SIGNATURE: Tim SA

Notes:

Not sure of our WTP and the LRV
"I will call on Monday"

DATE: 9/9/23

WT CERT #: T-43661

PHONE #: (503) 996-4443

p. 1 of 2

Disinfection Monthly Operating Report

System Name: CHA-District Improvement Co.

PWS ID#: 41 - 00600

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Log Inactivation Required via Disinfection

Plant ID: WTP - ?

CHR-DIC ?

| 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") |
|---------|---|----------------------------|---------------------------|-----------|--------|-----------------------|--------------------------------|-------------------------------|--------------------------|
| 0800 1 | 1.0 | 47 | 47 | 16° | 7.5 | 15 | Yes | 50 | OFF |
| 0930 2 | 1.0 | | 47 | ↓ | ↓ | 15 | Yes | GPM | ↓ |
| 1300 3 | 1.0 | | 47 | ↓ | ↓ | 15 | Yes | | ON |
| 1000 4 | 1.0 | | 47 | ↓ | 7.5 | 15 | Yes | | OFF-ON |
| 1030 5 | 1.0 | | 47 | ↓ | ↓ | 15 | Yes | | ↓ |
| 1200 6 | 1.0 | | 47 | ↓ | ↓ | 15 | Yes | | ↓ |
| 1130 7 | 1.0 | | 47 | ↓ | ↓ | 15 | Yes | | ON |
| 0800 8 | 1.0 | | 47 | ↓ | ↓ | 15 | Yes | | OFF |
| 0930 9 | .8 | | 37 | ↓ | 7.4 | 15 | Yes | | ↓ |
| 0930 10 | .8 | | 37 | ↓ | 7.5 | 15 | Yes | | ON |
| 1000 11 | .8 | | 37 | ↓ | ↓ | 15 | Yes | | OFF |
| 0900 12 | .8 | | 37 | ↓ | 7.4 | 15 | Yes | | ↓ |
| 1200 13 | .8 | | 37 | ↓ | ↓ | 15 | Yes | | ↓ |
| 1100 14 | .8 | | 37 | ↓ | 7.5 | 15 | Yes | | ON |
| 0800 15 | .9 | | 42 | 17° | 7.4 | 15 | Yes | | OFF |
| 0900 16 | .9 | | 42 | ↓ | 7.5 | 15 | Yes | | ↓ |
| 0930 17 | .9 | | 42 | ↓ | ↓ | 15 | Yes | | ↓ |
| 1120 18 | .8 | | 37 | ↓ | 7.4 | 15 | Yes | | ↓ |
| 0900 19 | .8 | | 37 | ↓ | ↓ | 15 | Yes | | ↓ |
| 1100 20 | .9 | | 42 | ↓ | 7.5 | 15 | Yes | | ON |
| 1030 21 | .8 | | 37 | ↓ | ↓ | 15 | Yes | | OFF |
| 0800 22 | .7 | | 32 | ↓ | 7.4 | 15 | Yes | | ↓ |
| 1015 23 | .6 | | 28 | ↓ | ↓ | 14 | Yes | | ON |
| 1030 24 | .6 | | 28 | ↓ | ↓ | 14 | Yes | | ON |
| 0900 25 | .6 | | 28 | 16° | 7.5 | 14 | Yes | | OFF |
| 0955 26 | .6 | | 28 | ↓ | 7.4 | 14 | Yes | | ↓ |
| 1000 27 | .6 | | 28 | ↓ | ↓ | 14 | Yes | | ↓ |
| 1200 28 | .6 | | 28 | ↓ | ↓ | 14 | Yes | | ON |
| 0900 29 | .6 | | 28 | ↓ | ↓ | 14 | Yes | | OFF |
| 0830 30 | .6 | | 28 | ↓ | 7.5 | 14 | Yes | | ↓ |
| 1030 31 | 1.4 | | 65 | ↓ | 7.6-19 | 19 | Yes | | ↓ |

* 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