

Membrane Filter Monthly Operating Report

System Name: CHL-District Improvement Co.
 PWS ID#: 41 - 00600
 Plant ID: WTP - _____ (e.g., "A")

County: Tillamook
 Month/Year: 11 - 2023
 Minimum test pressure applied || req'd: 30 psi || 30 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"
				.14	4.00	
1	.033	✓	.033	.01		Y
2	✓	✓	✓			off
3	✓	✓	✓			off
4	✓	✓	✓			off
5	✓	✓	✓			off
6	✓	✓	✓			off
7	✓	✓	✓			off
8	.055	✓	.055	.02		Y
9	✓	✓	✓			off
10	.058	✓	.058	.02		Y
11	✓	✓	✓			off
12	✓	✓	✓			off
13	.056	✓	.056	.02		Y
14	✓	✓	✓			off
15	✓	✓	✓			off
16	.048	✓	.048	.01		Y
17	✓	✓	✓			off
18	✓	✓	✓			off
19	✓	✓	✓			off
20	✓	✓	✓			off
21	✓	✓	✓			off
22	.042	✓	.042	.01		Y
23	✓	✓	✓			off
24	.033	✓	.033	.01		Y
25	✓	✓	✓			off
26	✓	✓	✓			off
27	✓	✓	✓			off
28	.039	✓	.039	.02		Y
29	✓	✓	✓			off
30	✓	✓	✓			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? <input checked="" type="checkbox"/> [Y/N] (PDR ≤ PDR _{Max} , LRV ≥ LRC)	DIT Daily? <input checked="" type="checkbox"/> Yes
CT's met daily? (p. 2) <input checked="" type="checkbox"/> Yes	All Cl ₂ residual at EP ≥ 0.2 mg/L? <input checked="" type="checkbox"/> Yes	PDR ≤ PDR _{Max} ? <input checked="" type="checkbox"/> Yes	LRV _{ambient} ≥ LRC? <input checked="" type="checkbox"/> Yes	

PRINTED NAME: TASIBO SCHNABEC DATE: 12-10-2023
 SIGNATURE: Tm JH WT CERT #: T-436613
 Notes: _____ PHONE #: (541) 996-4443

* Used for optimization purposes only.

OHA-DWS

Disinfection Monthly Operating Report

System Name: CHR-District Improvement Co.

PWS ID#: 41 - 00600

0.5

Log Inactivation Required via Disinfection

Plant ID : WTP - _____

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")
1020	.6	47	28	15°	7.7	17	Yes	50	ON
1030	1.3		61	14°	7.6	28	Yes	GPM	off
1000	1.3		61	↓	↓	28	Yes		↓
0955	.8		37	↓	↓	26	Yes		↓
0900	.8		37	↓	↓	26	Yes		↓
1100	.8		37	↓	↓	26	Yes		↓
0800	1.0		47	↓	↓	27	Yes		↓
0830	1.4		65	↓	↓	28	Yes		ON
1000	.8		37	↓	↓	26	Yes		off
0900	.7		32	↓	7.5	22	Yes		ON
0915	1.2		56	↓	7.6	28	Yes		off
1230	.9		42	↓	7.5	22	Yes		↓
1000	.8		37	↓	7.4	22	Yes		ON
0900	.9		42	↓	7.5	22	Yes		off
0950	1.0		47	↓	7.4	22	Yes		↓
0900	1.1		51	↓	7.5	23	Yes		ON
0915	1.2		56	↓	7.4	23	Yes		off
0840	1.3		61	↓	7.6	23	Yes		↓
1200	1.0		47	↓	7.5	22	Yes		↓
1145	1.0		47	↓	↓	22	Yes		↓
1020	1.8		84	↓	7.6	30	Yes		↓
1030	1.8		84	↓	↓	30	Yes		ON
0830	1.8		84	13°	7.7	30	Yes		off
0900	1.8		84	↓	7.6	30	Yes		ON
0900	1.7		79	↓	↓	30	Yes		off
1200	1.3		61	↓	7.5	23	Yes		↓
1030	1.5		70	↓	7.4	24	Yes		↓
0800	1.6		75	↓	7.6	29	Yes		ON
0840	1.6		75	↓	7.5	24	Yes		off
0930	1.7		79	↓	7.6	30	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