

Membrane Filter Monthly Operating Report

County: Tillamook

System Name: CAH-District Improvement Co.

Month/Year: 12 - 2023

PWS ID#: 41 - 00600

Minimum test pressure applied || req'd: 30 psi || 30 psi

Plant ID: WTP - \_\_\_\_\_ (e.g., "A")

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<sub>Max</sub> [<sup>psi</sup>/<sub>min</sub>] .14

LRC [log removal] 4.00

DIT Daily

Day	CFE Daily Turbidity [NTU]	Highest CFE* [NTU]	Highest IFE [NTU] (>15 min duration)	Highest PDR of day [ <sup>psi</sup> / <sub>min</sub> ]	Lowest LRV <sub>ambient</sub> of day [log removal]	[Y/N] or "off"
1	✓	✓	✓			off
2	✓	✓	✓			✓
3	✓	✓	✓			✓
4	.051	✓	.051	.02		ON
5	✓	✓	✓			off
6	✓	✓	✓			✓
7	.061	✓	.061	.01		ON
8	.039	✓	.039	.01		ON
9	✓	✓	✓			off
10	✓	✓	✓			✓
11	✓	✓	✓			✓
12	.044	✓	.044	.02		ON
13	✓	✓	✓			off
14	.039	✓	.039	.02		ON
15	✓	✓	✓			off
16	✓	✓	✓			✓
17	✓	✓	✓			✓
18	.038	✓	.038	.01		ON
19	✓	✓	✓			off
20	.028	✓	.028	.01		ON
21	✓	✓	✓			off
22	✓	✓	✓			✓
23	✓	✓	✓			✓
24	✓	✓	✓			✓
25	✓	✓	✓			✓
26	✓	✓	✓			✓
27	✓	✓	✓			✓
28	.037	✓	.037	.01		ON
29	✓	✓	✓			off
30	✓	✓	✓			✓
31	✓	✓	✓			✓

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 <sub>Max</sub> , LRV ≥ LRC)	DIT Daily? Yes
CT's met daily? (p. 2) Yes	All Cl <sub>2</sub> residual at EP ≥ 0.2 mg/L? Yes	PDR ≤ PDR <sub>Max</sub> ? Yes	LRV <sub>ambient</sub> ≥ LRC? Yes	

PRINTED NAME: TREVOR SCHWASEL

DATE: 1-10-2024

SIGNATURE: Tom Siff

WT CERT #: T-436613

Notes:

PHONE #: (541)996-4443

Dec/2023

**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 <sub>2</sub> Residual at 1 <sup>st</sup> 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")
0830	1.6	47	75	13°	7.6	29	Yes	50	off
0900	1.6		75	↓	↓	29	Yes	↓	↓
1000	1.6		75	↓	↓	29	Yes	↓	↓
1000	1.5		70	12°	↓	29	Yes	↓	ON
0900	1.4		65	↓	↓	28	Yes	↓	off
0800	1.4		65	↓	↓	28	Yes	↓	off
0900	1.5		70	13°	↓	29	Yes	↓	ON
1100	1.5		70	12°	↓	29	Yes	↓	ON
0815	1.4		65	↓	↓	28	Yes	↓	off
1000	1.2		56	↓	↓	28	Yes	↓	↓
0930	1.2		56	13°	↓	28	Yes	↓	↓
1030	1.0		47	12°	7.5	22	Yes	↓	ON
0900	1.0		47	↓	7.4	22	Yes	↓	off
1030	1.0		47	13°	↓	22	Yes	↓	ON
1000	1.0		47	↓	7.5	22	Yes	↓	off
0945	.9		42	12°	7.4	22	Yes	↓	↓
0700	.9		42	↓	↓	22	Yes	↓	↓
0945	.8		37	11°	7.3	22	Yes	↓	ON
1300	.9		42	↓	↓	22	Yes	↓	off
0900	.8		37	↓	7.4	22	Yes	↓	ON
0900	.8		37	↓	7.3	22	Yes	↓	off
0915	1.1		51	↓	7.4	23	Yes	↓	↓
1200	.8		37	↓	↓	22	Yes	↓	↓
1200	.8		37	↓	↓	22	Yes	↓	↓
0900	.9		42	↓	↓	22	Yes	↓	↓
0900	.8		37	↓	↓	22	Yes	↓	↓
0930	1.8		84	↓	7.7	30	Yes	↓	↓
0530	1.8		84	↓	7.6	30	Yes	↓	ON
0845	1.7		79	↓	7.7	30	Yes	↓	off
0900	1.6		75	↓	7.6	29	Yes	↓	↓
0800	1.5		70	↓	↓	29	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 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