

Membrane Filter Monthly Operating Report

County: Tillamook

System Name: CHR-District Improvement Co

Month/Year: January / 2024

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_{Max} [^{psi}/min]

LRC [log removal]

.14

4.00

DIT Daily

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]	[Y/N] or "off"
1	1	1	1			off
2	1	1	1			off
3	1	1	1			off
4	1	1	1			off
5	.042	1	.042	.01		off
6	1	1	1			off
7	1	1	1			off
8	.035	1	.035	.02		off
9	1	1	1			off
10	1	1	1			off
11	1	1	1			off
12	1	1	1			off
13	.045	1	.045	.01		off
14	1	1	1			off
15	1	1	1			off
16	1	1	1			off
17	1	1	1			off
18	.031	1	.031	.01		off
19	1	1	1			off
20	1	1	1			off
21	1	1	1			off
22	.029	1	.029	.02		off
23	1	1	1			off
24	1	1	1			off
25	1	1	1			off
26	.049	1	.049	.02		off
27	1	1	1			off
28	1	1	1			off
29	.036	1	.036	.01		off
30	1	1	1			off
31	1	1	1			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? Yes
CT's met daily? (p. 2) Yes	All Cl ₂ residual at EP ≥ 0.2 mg/L? Yes	PDR < PDR _{Max} ? Yes	LRV _{ambient} ≥ LRC? Yes	

PRINTED NAME: TREVOR SCHWABEL

SIGNATURE: [Signature]

Notes:

DATE: 2-10-2024

WT CERT #: T-436613

PHONE #: (541)996-4443

JAN/2024

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")
1	1.3	47	61	10°	7.3	23	Yes	50	off
2	1.0	47	47	11°	7.5	22	Yes	6 PM	off
3	.9	47	42	10°	7.4	22	Yes		off
4	.8	47	37	11°	↓	22	Yes		off
5	.8	47	37	↓	↓	22	Yes		ON
6	.8	47	37	10°	↓	22	Yes		off
7	.8	47	37	11°	↓	22	Yes		off
8	.7	47	32	↓	↓	21	Yes		ON
9	.7	47	32	10°	↓	21	Yes		off
10	.7	47	32	↓	↓	21	Yes		off
11	.6	47	28	↓	↓	21	Yes		off
12	.6	47	28	↓	↓	21	Yes		off
13	.6	47	28	↓	↓	21	Yes		off
14	1.0	47	47	↓	7.5	22	Yes		ON
15	1.2	47	56	↓	↓	23	Yes		off
16	1.2	47	56	↓	↓	23	Yes		off
17	1.3	47	61	9°	7.6	37	Yes		off
18	1.4	47	65	↓	↓	31	Yes		ON
19	1.0	47	47	↓	7.4	30	Yes		off
20	1.2	47	56	↓	↓	31	Yes		off
21	1.2	47	56	↓	↓	31	Yes		off
22	1.1	47	51	↓	↓	31	Yes		ON
23	1.3	47	61	↓	↓	31	Yes		off
24	1.0	47	47	10°	↓	22	Yes		off
25	1.0	47	47	9°	7.5	30	Yes		off
26	.9	47	42	↓	↓	30	Yes		ON
27	1.0	47	47	10°	7.6	27	Yes		off
28	.9	47	42	↓	7.5	22	Yes		off
29	.9	47	42	↓	7.4	22	Yes		ON
30	.9	47	42	↓	↓	22	Yes		off
31	1.0	47	47	↓	↓	22	Yes		off

* 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: 971-873-0458