

Membrane Filter Monthly Operating Report

System Name: CAR-District Improvement Co

County: TILLAMOOK

Month/Year: APRIL - 2024

PWS ID#: 41 - 00600

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

Plant ID: WTP - 2 (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

Day	CFE Daily Turbidity [NTU]	Highest CFE* [NTU]	Highest IFE [NTU] (>15 min duration)	PDR _{Max} [^{psi} / _{min}]		LRC [log removal]	DIT Daily
				.14		4.00	
				Highest PDR of day [^{psi} / _{min}]	Lowest LRV _{ambient} of day [log removal]		[Y/N] or "off"
1	.032	6	.032	.02			Yes
2	6	6	6	6			off
3	6	6	6	6			off
4	6	6	6	6			off
5	.045	6	.045	.02			Yes
6	6	6	6	6			off
7	6	6	6	6			off
8	6	6	6	6			off
9	.042	6	.042	.02			Yes
10	6	6	6	6			off
11	.052	6	.052	.02			Yes
12	6	6	6	6			off
13	6	6	6	6			off
14	6	6	6	6			off
15	.055	6	.055	.02			Yes
16	6	6	6	6			off
17	.033	6	.033	.01			Yes
18	6	6	6	6			off
19	6	6	6	6			off
20	6	6	6	6			off
21	.051	6	.051	.01			Yes
22	6	6	6	6			off
23	.037	6	.037	.01			Yes
24	6	6	6	6			off
25	6	6	6	6			off
26	6	6	6	6			off
27	6	6	6	6			off
28	6	6	6	6			off
29	.049	6	.049	.02			Yes
30	6	6	6	6			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: TREBOR SCHNABOL DATE: 5-10-2024
 SIGNATURE: [Signature] WT CERT #: T-436613
 Notes: [Signature] PHONE #: (541)996-4443

* Used for optimization purposes only.

APRIL/2024

Disinfection Monthly Operating Report

System Name: CAR-District Improvement Co

PWS ID#: 41 - 00 600

0.5 Log Inactivation Required via Disinfection

Plant ID : WTP - 4

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	.9	47	42	10°	7.3	22	Yes		ON
2	.8		37		7.4	22	Yes	50	off
3	.8		37			22	Yes	GPM	off
4	1.1		51		7.3	23	Yes		off
5	.9		42			22	Yes		ON
6	.9		42		7.4	22	Yes		
7	.9		42			22	Yes		off
8	.7		32			22	Yes		off
9	.7		32			22	Yes		off
10	.7		32		7.3	22	Yes		ON
11	.7		32			22	Yes		off
12	1.1		51		7.5	23	Yes		ON
13	1.0		47		7.4	23	Yes		off
14	.8		37		7.5	22	Yes		off
15	.8		37		7.3	22	Yes		off
16	1.2					23	Yes		ON
17	1.0		47		7.4	22	Yes		off
18	.9		42			22	Yes		ON
19	1.0		47	11°		22	Yes		off
20	1.0		47		7.5	22	Yes		off
21	.9		42	10°	7.4	22	Yes		ON
22	1.3		61	11°	7.5	23	Yes		off
23	1.4		65		7.4	23	Yes		ON
24	1.1		51			23	Yes		off
25	1.0		47			22	Yes		off
26	1.0		47			22	Yes		off
27	1.3		61			23	Yes		off
28	1.1		51			23	Yes		off
29	1.0		47			22	Yes		ON
30	.8		37			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: 971-673-0458