

Aug/2024

OHA - DWS

Membrane Filter Monthly Operating Report

County: TILLAMOOK

System Name: CHL-District Improvement Co.

Month/Year: 08-2024

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

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

LRC [log removal]

DIT Daily

LRC = Log Removal Credit

.14

4.00

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	✓	✓	✓	✓		off
2	✓	✓	✓	✓		off
3	.029	✓	.029	.01		ON
4	✓	✓	✓	✓		off
5	.033	✓	.033	.01		ON
6	✓	✓	✓	✓		off
7	✓	✓	✓	✓		off
8	.037	✓	.037	.01		ON
9	.027	✓	.027	.01		ON
10	✓	✓	✓	✓		off
11	.038	✓	.038	.02		ON
12	✓	✓	✓	✓		off
13	✓	✓	✓	✓		off
14	✓	✓	✓	✓		off
15	✓	✓	✓	✓		off
16	✓	✓	✓	✓		off
17	.044	✓	.044	.02		ON
18	✓	✓	✓	✓		off
19	✓	✓	✓	✓		off
20	✓	✓	✓	✓		off
21	✓	✓	✓	✓		off
22	.039	✓	.039	.01		ON
23	✓	✓	✓	✓		off
24	✓	✓	✓	✓		off
25	✓	✓	✓	✓		off
26	.040	✓	.040	.02		ON
27	✓	✓	✓	✓		off
28	✓	✓	✓	✓		off
29	.035	✓	.035	.01		ON
30	✓	✓	✓	✓		off
31	✓	✓	✓	✓		off

Compliance summary (operator to complete any blank fields)

95% of daily turbidity readings ≤ 1 NTU? <u>Y/N</u>	All turbidity readings ≤ 5 NTU? <u>Y/N</u>	All IFE turbidity readings ≤ 0.15 NTU? <u>Y/N</u>	Performance std met? <u>Y/N</u> (PDR ≤ PDR _{Max} , LRV ≥ LRC)	DIT Daily? <u>Yes</u>
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>Yes</u>	LRV _{ambient} ≥ LRC? <u>Yes</u>	

PRINTED NAME: TREVOR SCHWABEL

DATE: 9-9-2024

SIGNATURE: Trevor Schwab

WT CERT #: T-436613

Notes:

PHONE #: (541) 996-4443

* Used for optimization purposes only.

Aug/2024

Disinfection Monthly Operating Report

System Name: CHR-District Improvement Co.

PWS ID#: 41 - 00 600

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	1.0	47	47	14°	7.4	22	Yes	50	off
2	.6		28	15°	↓	14	Yes	G P M	off
3	.7		32	↓	7.5	15	Yes		ON
4	.8		37	↓	↓	15	Yes		off
5	.8		37	↓	↓	15	Yes		ON
6	.6		28	↓	7.4	14	Yes		off
7	.9		42	↓	↓	15	Yes		off
8	.9		42	↓	7.5	15	Yes		ON
9	1.3		61	↓	7.4	16	Yes		ON
10	1.1		51	↓	7.5	15	Yes		off
11	1.0		47	↓	↓	15	Yes		ON
12	1.2		56	↓	↓	15	Yes		off
13	1.5		70	↓	↓	16	Yes		off
14	1.3		61	↓	7.6	19	Yes		off
15	.8		37	↓	7.5	15	Yes		off
16	1.2		56	↓	7.4	15	Yes		off
17	1.1		51	↓	↓	15	Yes		ON
18	1.4		65	↓	7.5	16	Yes		off
19	.9		42	↓	7.4	15	Yes		off
20	.9		42	↓	↓	15	Yes		off
21	.8		37	↓	7.5	15	Yes		off
22	.9		42	↓	7.4	15	Yes		ON
23	1.2		56	↓	7.6	19	Yes		off
24	1.0		47	↓	7.5	15	Yes		off
25	1.0		47	↓	↓	15	Yes		off
26	.8		37	↓	↓	15	Yes		ON
27	.7		32	↓	7.4	15	Yes		off
28	.8		37	↓	↓	15	Yes		off
29	1.2		56	↓	7.5	15	Yes		ON
30	.9		42	↓	7.4	15	Yes		off
31	1.0		47	↓	7.5	15	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