OHA - DWS

Membrane Filter Monthly Operating Report

System Name: TWA

PWS ID#: 41 - 00898

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

County: WASHINGTON

Month/Year: JUNE · 2025

Minimum test pressure applied || req'd _____ psi || _____ 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

PDR_{Max} [psi/min]	LRC [log removal]	DIT Daily
	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			.11		.04	
2			.05		.05	
3			.12		.05	
4			.10		.10	
5			.11		.08	
6			.12		.09	
7			.13		.09	
8			.15		.06	
9			.15		.08	
10			.19		.11	
11			.25		.10	
12			.15		.11	
13			.18		.15	
14			.19		.10	
15			.20		.12	
16			.20		.11	
17			.18		.13	
18			.17		.09	
19			.20		.13	
20			.22		.14	
21			.19		.10	
22			.17		.08	
23			.20		.14	
24			.16		.09	
25			.15		.11	
26			.20		.12	
27			.21		.10	
28			.22		.08	
29			.09		.05	
30			.11		.06	
31			.16		.09	

Compliance summary (operator to complete any blank fields)

95% of daily turbidity readings ≤ 1 NTU? (Y/N)	All turbidity readings ≤ 5 NTU? (Y/N)	All IFE turbidity readings ≤ 0.15 NTU? (Y/N)	Performance std met? (Y/N) (PDR ≤ PDR_{Max}, LRV ≥ LRC)	DIT Daily?
CT's met daily? (p. 2)	All Cl_2 residual at EP ≥ 0.2 mg/L?	PDR ≤ PDR_{Max}?	$LRV_{ambient}$ ≥ LRC?	

PRINTED NAME: Jeff Burch

SIGNATURE: Jeff Burch

DATE: 7-10-25

WT CERT #: 60475

PHONE #: 503-816-0[illegible]

Notes:

OHA-DWS

Disinfection Monthly Operating Report

System Name: TIMBER WATER ASSOCIATION

PWS ID#: 41 - 00898

Plant ID : WTP - _____

[ ] ⇦ Log Inactivation Required via Disinfection

Day	Minimum Cl_2 Residual at 1st 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	.97	72	69.84	14.3	7.80	27	Yes	10	IN PRODUCTION
2	.95		68.4	14.1	7.80	27	Yes	10	IN PRODUCTION
3	1.01		72.72	14.6	7.80	27	Yes	10	IN PRODUCTION
4	.96		69.12	14.1	7.80	27	Yes	10	IN PRODUCTION
5	.98		70.56	14.5	7.80	27	Yes	10	IN PRODUCTION
6	1.01		72.72	14.6	7.80	27	Yes	10	IN PRODUCTION
7	.97		69.84	14.9	7.80	27	Yes	10	IN PRODUCTION
8	.90		64.8	15.0	7.80	26	Yes	10	IN PRODUCTION
9	.81		58.32	15.3	7.80	26	Yes	12	IN PRODUCTION
10	.62		44.64	15.9	7.80	26	Yes	12	IN PRODUCTION
11	.68		48.96	15.5	7.80	26	Yes	12	IN PRODUCTION
12	.70		50.4	15.0	7.80	26	Yes	12	IN PRODUCTION
13	.75		54	14.8	7.80	26	Yes	12	IN PRODUCTION
14	.85		61.2	14.3	7.80	26	Yes	12	IN PRODUCTION
15	.88		63.36	14.5	7.80	26	Yes	12	IN PRODUCTION
16	.91		65.52	14.6	7.80	26	Yes	10	IN PRODUCTION
17	1.07		77.04	14.3	7.80	27	Yes	10	IN PRODUCTION
18	1.08		77.76	14.3	7.80	27	Yes	10	IN PRODUCTION
19	.79		56.88	14.4	7.80	26	Yes	10	IN PRODUCTION
20	.80		57.6	14.5	7.80	26	Yes	10	IN PRODUCTION
21	.72		51.84	14.0	7.80	26	Yes	10	IN PRODUCTION
22	.67		48.24	14.3	7.80	26	Yes	10	IN PRODUCTION
23	.70		50.4	14.9	7.80	26	Yes	10	IN PRODUCTION
24	.78		56.16	15.0	7.80	26	Yes	10	IN PRODUCTION
25	.83		59.76	15.4	7.80	26	Yes	10	IN PRODUCTION
26	.88		63.36	15.2	7.80	26	Yes	10	IN PRODUCTION
27	.81		58.32	15.1	7.80	26	Yes	10	IN PRODUCTION
28	.84		60.48	15.6	7.80	26	Yes	10	IN PRODUCTION
29	.90		64.8	15.3	7.80	26	Yes	10	IN PRODUCTION
30	.93	↓	66.96	15.4	7.80	26	Yes	10	IN PRODUCTION
31									

* 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