

OHA - DWS

Membrane Filter Monthly Operating Report

System Name: TIMBER WATER ASSOCIATION
 PWS ID#: 41 - 00898
 Plant ID: WTP - _____ (e.g., "A")

County: WASHINGTON
 Month/Year: DECEMBER 2025
 Minimum test pressure applied || req'd 20 psi || 178 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

Day	CFE Daily Turbidity [NTU]	Highest CFE [†] [NTU]	Highest IFE [NTU] (>15 min duration)	PDR [psi/min]		DIT Daily
				PDR _{Max}	LRC [log removal]	
				.114	4.00	
1	.033					
2	.030		N/A	.053		Yes
3	.037		N/A	.054		Yes
4	.040		N/A	.054		Yes
5	.039		N/A	.046		Yes
6	.040		N/A	.046		Yes
7	.037		N/A	.044		Yes
8	.051		N/A	.046		Yes
9	.049		N/A	.050		Yes
10	.048		N/A	.058		Yes
11	.046		N/A	.064		Yes
12	.051		N/A	.084		Yes
13	.053		N/A	.072		Yes
14	.049		N/A	.065		Yes
15	.050		N/A	.041		Yes
16	.049		N/A	.054		Yes
17	POWER OUTAGE PLANT SHUTDOWN					Yes
18	POWER OUTAGE PLANT SHUTDOWN					OFF
19	.051		N/A	.49		OFF
20	CLEANING IN PLACE					Yes
21	.048		N/A	.50		OFF
22	PLANT SHUTDOWN POWER OUTAGE					Yes
23	.051		N/A	.041		OFF
24	.055		N/A	.041		Yes
25	.058		N/A	.060		Yes
26	.062		N/A	.054		Yes
27	.060		N/A	.055		Yes
28	.053		N/A	.054		Yes
29	.051		N/A	.101		Yes
30	.053		N/A	.100		Yes
31	PLANT SHUTDOWN MAINTENANCE					OFF

Compliance summary (operator to complete any blank fields)

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

PRINTED NAME: CHRIS RICHARDSON
 SIGNATURE: *Chris Richardson*

DATE: 1-9-26
 WT CERT #: 888483
 PHONE #: 503-778-0252

Notes:

December 2025

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 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	.94	72	67.68	12.1	7.80	26	Yes	12	IN production
2	.91		65.52	12.1	7.80	26	Yes	12	IN production
3	.92		66.24	12.3	7.80	26	Yes	12	IN production
4	.88		63.36	12.0	7.80	26	Yes	12	IN production
5	.89		64.08	12.3	7.80	26	Yes	12	IN production
6	.90		64.8	12.0	7.80	26	Yes	12	IN production
7	.85		61.2	11.9	7.80	26	Yes	12	IN production
8	.90		64.8	11.9	7.80	26	Yes	12	IN PRODUCTION
9	.87		62.64	12.3	7.80	26	Yes	12	IN PRODUCTION
10	.83		59.76	12.5	7.80	26	Yes	12	IN PRODUCTION
11	.80		57.6	12.9	7.80	26	Yes	12	IN PRODUCTION
12	.98		70.56	12.5	7.80	27	Yes	12	IN PRODUCTION
13	.93		66.96	11.9	7.80	26	Yes	12	IN PRODUCTION
14	.89		64.08	11.6	7.80	26	Yes	12	IN PRODUCTION
15	.90		64.8	11.3	7.80	26	Yes	12	IN production
16	.88		63.36	11.6	7.80	26	Yes	12	IN production
17	Power Out					Plant Not Running OFF			
18						OFF			
19	.76		54.72	11.1	7.80	26	Yes	15	IN production
20	cleaning					OFF			
21	.80		57.6	11.6	7.80	26	Yes	15	IN production
22	PLANT SHUTDOWN					POWER OUTAGE OFF			
23	.72		51.84	11.3	7.80	26	Yes	15	IN production
24	.74		53.28	11.0	7.80	26	Yes	15	IN production
25	.68		48.96	10.8	7.80	26	Yes	15	IN PRODUCTION
26	.70		50.4	10.8	7.80	26	Yes	15	IN PRODUCTION
27	.71		51.2	10.9	7.80	26	Yes	15	IN production
28	.76		54.72	10.1	7.80	26	Yes	15	IN production
29	.76		54.72	10.9	7.80	26	Yes	15	IN production
30	.81		58.32	11.1	7.90	26	Yes	15	IN production
31	cleaning					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