

# OHA - DWS

## Membrane Filter Monthly Operating Report

County: WASHINGTON

System Name: TIMBER WATER ASSOCIATION

Month/Year: FEBRUARY - 2026

PWS ID#: 41 - 00898

Minimum test pressure applied || req'd: 2.0 psi || 17.0 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<sub>max</sub> [<sup>psi</sup>/<sub>min</sub>]

LRC [log removal]

.114

4.00

DIT  
Daily

Day	CFE Daily Turbidity [NTU]	Highest CFE* [NTU]	Highest IFE [NTU] (>15 min duration)	Highest PDR of day [ <sup>psi</sup> / <sub>min</sub> ]	Lowest LRV <sub>ambient</sub> of day [log removal]	[Y/N] or "off"
1	.029		N/A	.043		Yes
2	.029		N/A	.046		Yes
3	.025		N/A	.045		Yes
4	.030		N/A	.044		Yes
5	.031		N/A	.048		Yes
6	.029		N/A	.048		Yes
7	.033		N/A	.045		Yes
8	.031		N/A	.046		Yes
9	.034		N/A	.044		Yes
10	.041		N/A	.050		Yes
11	.043		N/A	.053		Yes
12	.043		N/A	.055		Yes
13	.045		N/A	.058		Yes
14	.044		N/A	.051		Yes
15	.045		N/A	.059		Yes
16	.050		N/A	.060		Yes
17	.056		N/A	.067		Yes
18	.081		N/A	.090		Yes
19	PLANT SHUTDOWN			CIP MAINTENANCE		OFF
20	.040		N/A	.045		Yes
21	PLANT SHUTDOWN			LEAK IN TOWN		OFF
22	.040		N/A	.044		Yes
23	.038		N/A	.045		Yes
24	.038		N/A	.042		Yes
25	.032		N/A	.040		Yes
26	.033		N/A	.045		Yes
27	.030		N/A	.045		Yes
28	.028		N/A	.040		Yes
29						Yes
30						Yes
31						Yes

**Compliance summary (operator to complete any blank fields)**

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

PRINTED NAME: CHRIS RICHARDSON  
SIGNATURE: *Chris Richardson*

DATE: 3-16-26  
WT CERT #: 888483  
PHONE #: 503-778-0252

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 <sub>2</sub> Residual at 1 <sup>st</sup> 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	.82	72	59.04	9.3	7.80	35	Yes	15	IN PRODUCTION	
2	.75		54	9.7	7.80	35	Yes	15	IN PRODUCTION	
3	.69		49.68	10.1	7.80	26	Yes	15	IN PRODUCTION	
4	.97		69.84	10.3	7.80	27	Yes	15	IN PRODUCTION	
5	.94		67.68	10.4	7.80	26	Yes	15	IN PRODUCTION	
6	.94		67.68	10.1	7.80	26	Yes	15	IN PRODUCTION	
7	.92		66.24	10.3	7.80	26	Yes	15	IN PRODUCTION	
8	.89		64.08	10.1	7.80	26	Yes	15	IN PRODUCTION	
9	.90		64.8	10.5	7.80	26	Yes	15	IN PRODUCTION	
10	.92		66.24	10.6	7.80	26	Yes	15	IN PRODUCTION	
11	.94		67.68	10.1	7.80	26	Yes	15	IN PRODUCTION	
12	.83		59.76	10.8	7.80	26	Yes	15	IN PRODUCTION	
13	.85		61.2	10.5	7.80	26	Yes	15	IN PRODUCTION	
14	.86		61.92	10.7	7.80	26	Yes	15	IN PRODUCTION	
15	.88		63.36	10.9	7.80	26	Yes	15	IN PRODUCTION	
16	.93		66.96	10.9	7.80	26	Yes	15	IN PRODUCTION	
17	.89		64.08	10.6	7.80	26	Yes	15	IN PRODUCTION	
18	.87		62.62	9.8	7.80	36	Yes	15	IN PRODUCTION	
19	PLANT SHUTDOWN						CIP	MAINTENANCE OFF		
20	.91		65.52	9.6	7.80	35	Yes	15	IN PRODUCTION	
21	NO TESTS - PLANT SHUTDOWN - REPAIRS						LEAK	IN TOWN OFF		
22	.90		64.8	9.9	7.80	35	Yes	15	IN PRODUCTION	
23	.93		66.96	10.0	7.80	26	Yes	15	IN PRODUCTION	
24	.90		64.8	10.2	7.80	26	Yes	15	IN PRODUCTION	
25	.96		67.12	10.5	7.80	26	Yes	15	IN PRODUCTION	
26	.98		70.56	11.0	7.80	26	Yes	15	IN PRODUCTION	
27	.99		71.28	11.1	7.80	26	Yes	15	IN PRODUCTION	
28	.92		66.24	11.3	7.80	26	Yes	15	IN PRODUCTION	
29										
30										
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 10<sup>th</sup> of following month by

mail: Drinking Water Services  
 PO Box 14350  
 Portland, OR 97293-0350

email: [dws\\_dmce@odhsoha.oregon.gov](mailto:dws_dmce@odhsoha.oregon.gov)

fax: 971-673-0458