

# OHA - DWS

## Membrane Filter Monthly Operating Report

County: Tillamookj

System Name: Neskowin Regional Water District

Month/Year: Mar-2024

PWS ID#: 41 - 00970

Minimum test pressure applied || req'd: 16.0 psi || 11.3 p

Plant ID: WTP - A (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>/min]

LRC [log removal]

0.910

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> /min]	Lowest LRV <sub>ambient</sub> of day [log removal]	[Y/N] or "off"
1	0.012	0.01262	0.013	0.41	4.37	Y
2	0.012	0.01236	0.012	0.41	4.38	Y
3	Off	Off	Off	Off	Off	Off
4	Off	Off	Off	Off	Off	Off
5	0.012	0.01239	0.012	0.40	4.38	Y
6	0.012	0.01231	0.012	0.40	4.37	Y
7	Off	Off	Off	Off	Off	Off
8	0.016	0.01562	0.016	0.40	4.39	Y
9	0.012	0.01235	0.012	0.40	4.39	Y
10	Off	Off	Off	Off	Off	Off
11	Off	Off	Off	Off	Off	Off
12	0.012	0.01237	0.012	0.40	4.39	Y
13	0.012	0.01234	0.012	0.40	4.39	Y
14	Off	Off	Off	Off	Off	Off
15	Off	Off	Off	Off	Off	Off
16	0.012	0.01273	0.013	0.41	4.37	Y
17	0.012	0.01248	0.012	0.41	4.38	Y
18	Off	Off	Off	Off	Off	Off
19	0.012	0.01243	0.012	0.41	4.39	Y
20	0.012	0.01237	0.012	0.41	4.37	Y
21	Off	Off	Off	Off	Off	Off
22	Off	Off	Off	Off	Off	Off
23	0.012	0.01289	0.013	0.41	4.36	Y
24	0.012	0.01235	0.012	0.41	4.40	Y
25	Off	Off	Off	Off	Off	Off
26	0.012	0.01241	0.012	0.41	4.37	Y
27	0.012	0.01247	0.012	0.40	4.34	Y
28	Off	Off	Off	Off	Off	Off
29	0.013	0.01258	0.013	0.38	4.34	Y
30	0.012	0.01245	0.012	0.41	4.35	Y
31	Off	Off	Off	Off	Off	Off

**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 <sub>Max</sub> , LRV ≥ LRC)	DIT Daily?
Yes	Yes	Yes	Yes	Yes
CT's met daily? (p. 2)	All Cl <sub>2</sub> residual at EP ≥ 0.2 mg/L?	PDR ≤ PDR <sub>Max</sub> ?	LRV <sub>ambient</sub> ≥ LRC?	
Yes	Yes	Yes	Yes	

PRINTED NAME: Troy N. Trute DATE: 4/9/2024

SIGNATURE:  WT CERT #: D-08123 T-08076

Notes: \_\_\_\_\_ PHONE #: 541-992-1655

\* Used for optimization purposes only.

**Disinfection Monthly Operating Report**

System Name: Neskowin Regional Water District

PWS ID#: 41 - 00970

Plant ID : WTP - A

**0.5**

↳ 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	0.700	129	90.3	8.0	8.00	30.4	YES	202	
2	0.700	129	90.3	7.0	8.00	32.5	YES	202	
3	Off	129	Off	8.0	8.00	Off	Off	Off	Plant Off
4	Off	129	Off	8.0	8.00	Off	Off	Off	Plant Off
5	0.800	129	103.2	8.0	8.00	30.7	YES	202	
6	0.700	129	90.3	7.0	8.00	32.5	YES	201	
7	Off	129	Off	7.0	8.00	Off	Off	Off	Plant Off
8	0.700	129	90.3	7.0	8.00	32.5	YES	202	
9	0.800	129	103.2	8.0	8.00	30.7	YES	202	
10	Off	129	Off	7.0	8.00	Off	Off	Off	Plant Off
11	Off	129	Off	8.0	8.00	Off	Off	Off	Plant Off
12	0.800	129	103.2	8.0	8.00	30.7	YES	201	
13	0.800	129	103.2	8.0	8.00	30.7	YES	202	
14	Off	129	Off	8.0	8.00	Off	Off	Off	Plant Off
15	Off	129	Off	8.0	8.00	Off	Off	Off	Plant Off
16	0.800	129	103.2	8.0	8.00	30.7	YES	201	
17	0.800	129	103.2	9.0	8.00	28.7	YES	201	
18	Off	129	Off	9.0	8.00	Off	Off	Off	Plant Off
19	0.800	129	103.2	9.0	8.00	28.7	YES	202	
20	0.800	129	103.2	9.0	8.00	28.7	YES	204	
21	Off	129	Off	9.0	8.00	Off	Off	Off	Plant Off
22	Off	129	Off	9.0	8.00	Off	Off	Off	Plant Off
23	1.000	129	129.0	9.0	8.00	29.4	YES	202	
24	1.000	129	129.0	9.0	8.00	29.4	YES	202	
25	Off	129	Off	9.0	8.00	Off	Off	Off	Plant Off
26	0.800	129	103.2	9.0	8.00	28.7	YES	201	
27	0.800	129	103.2	9.0	8.00	28.7	YES	202	
28	Off	129	Off	9.0	8.00	Off	Off	Off	Plant Off
29	0.800	129	103.2	9.0	8.00	28.7	YES	202	
30	0.800	129	103.2	9.0	8.00	28.7	YES	201	
31	Off	129	Off	9.0	8.00	Off	Off	Off	Plant 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 10<sup>th</sup> of following month by**

mail: Drinking Water Services  
PO Box 14350  
Portland, OR 97293-0350  
email: [dwp.dmce@odhsoha.oregon.gov](mailto:dwp.dmce@odhsoha.oregon.gov)  
fax: 971-673-0458