

Membrane Filter Monthly Operating Report

County: Tillamookj

System Name: Neskowin Regional Water District

Month/Year: May-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_{Max} [^{psi}/_{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 [^{psi} / _{min}]	Lowest LRV _{ambient} of day [log removal]	[Y/N] or "off"
1	Off	Off	Off	Off	Off	Off
2	0.013	0.01333	0.013	0.40	4.12	Y
3	0.013	0.01301	0.013	0.40	4.33	Y
4	Off	Off	Off	Off	Off	Off
5	0.013	0.01298	0.013	0.40	4.33	Y
6	0.013	0.0131	0.013	0.40	4.33	Y
7	Off	Off	Off	Off	Off	Off
8	0.013	0.0129	0.013	0.43	4.30	Y
9	Off	Off	Off	Off	Off	Off
10	Off	Off	Off	Off	Off	Off
11	0.013	0.01282	0.013	0.40	4.30	Y
12	0.013	0.01282	0.013	0.40	4.30	Y
13	Off	Off	Off	Off	Off	Off
14	Off	Off	Off	Off	Off	Off
15	Off	Off	Off	Off	Off	Off
16	0.014	0.01647	0.016	0.43	4.35	Y
17	0.012	0.01223	0.012	0.43	4.34	Y
18	Off	Off	Off	Off	Off	Off
19	0.012	0.01234	0.012	0.43	4.34	Y
20	0.012	0.01227	0.012	0.43	4.34	Y
21	Off	Off	Off	Off	Off	Off
22	0.012	0.01233	0.012	0.42	4.34	Y
23	0.012	0.01232	0.012	0.42	4.34	Y
24	Off	Off	Off	Off	Off	Off
25	0.012	0.01286	0.013	0.43	4.33	Y
26	0.012	0.01229	0.012	0.43	4.36	Y
27	0.012	0.01242	0.012	0.43	4.35	Y
28	0.012	0.01261	0.013	0.43	4.33	Y
29	Off	Off	Off	Off	Off	Off
30	0.013	0.01356	0.014	0.42	4.32	Y
31	0.013	0.01299	0.013	0.42	4.33	Y

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?
Yes	Yes	Yes	Yes	Yes
CT's met daily? (p. 2)	All Cl ₂ residual at EP ≥ 0.2 mg/L?	PDR ≤ PDR _{Max} ?	LRV _{ambient} ≥ LRC?	
Yes	Yes	Yes	Yes	

PRINTED NAME: Troy N. Trute DATE: 6/4/2024
 SIGNATURE:  WT CERT #: D-08123 T-08076
 Notes: _____ PHONE #: 541-992-1655

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 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	0.800	129	103.2	9.0	8.00	28.7	YES	Off	Plant Off
2	0.800	129	103.2	9.0	8.00	28.7	YES	205	
3	0.800	129	103.2	9.0	8.00	28.7	YES	202	
4	0.800	129	103.2	9.0	8.00	28.7	YES	Off	Plant Off
5	0.700	129	90.3	9.0	8.00	28.4	YES	202	
6	0.700	129	90.3	9.0	8.00	28.4	YES	200	
7	0.700	129	90.3	9.0	8.00	28.4	YES	Off	Plant Off
8	0.800	129	103.2	9.0	8.00	28.7	YES	202	
9	0.800	129	103.2	9.0	8.00	28.7	YES	Off	Plant Off
10	0.900	129	116.1	10.0	8.00	27.1	YES	Off	Plant Off
11	0.800	129	103.2	10.0	8.00	26.8	YES	204	
12	0.900	129	116.1	10.0	8.00	27.1	YES	203	
13	0.800	129	103.2	10.0	8.00	26.8	YES	Off	Plant Off
14	0.900	129	116.1	10.0	8.00	27.1	YES	Off	Plant Off
15	0.900	129	116.1	10.0	8.00	27.1	YES	Off	Plant Off
16	0.900	129	116.1	10.0	8.00	27.1	YES	202	
17	0.900	129	116.1	10.0	8.00	27.1	YES	202	
18	0.810	129	104.5	9.0	8.00	28.7	YES	Off	Plant Off
19	0.770	129	99.3	9.0	8.00	28.6	YES	201	
20	1.000	129	129.0	10.0	8.00	27.5	YES	202	
21	0.800	129	103.2	10.0	8.00	26.8	YES	Off	Plant Off
22	0.800	129	103.2	10.0	8.00	26.8	YES	204	
23	0.800	129	103.2	10.0	8.00	26.8	YES	206	
24	0.900	129	116.1	10.0	8.00	27.1	YES	Off	Plant Off
25	0.800	129	103.2	10.0	8.00	26.8	YES	206	
26	0.800	129	103.2	10.0	8.00	26.8	YES	202	
27	0.800	129	103.2	10.0	8.00	26.8	YES	201	
28	0.850	129	109.7	10.0	8.00	27.0	YES	202	
29	0.800	129	103.2	10.0	8.00	26.8	YES	Off	Plant Off
30	0.800	129	103.2	10.0	8.00	26.8	YES	202	
31	0.900	129	116.1	10.0	8.00	27.1	YES	201	

* 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