

# OHA - DWS

## Membrane Filter Monthly Operating Report

County: Tillamookj

System Name: Neskowin Regional Water District

Month/Year: Jun-2024

PWS ID#: 41 - 00970

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

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>/<sub>min</sub>]

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> / <sub>min</sub> ]	Lowest LRV <sub>ambient</sub> of day [log removal]	[Y/N] or "off"
1	Off	Off	Off	Off	Off	Off
2	Off	Off	Off	Off	Off	Off
3	0.012	0.01277	0.013	0.43	4.32	Y
4	0.013	0.01319	0.013	0.43	4.31	Y
5	Off	Off	Off	Off	Off	Off
6	Off	Off	Off	Off	Off	Off
7	0.012	0.01265	0.013	0.42	4.29	Y
8	0.012	0.01253	0.013	0.42	4.32	Y
9	0.013	0.01293	0.013	0.42	4.32	Y
10	0.013	0.01291	0.013	0.42	4.29	Y
11	Off	Off	Off	Off	Off	Off
12	0.013	0.01305	0.013	0.42	4.29	Y
13	0.013	0.01261	0.013	0.42	4.29	Y
14	0.013	0.01259	0.013	0.42	4.33	Y
15	0.013	0.01297	0.013	0.42	4.29	Y
16	Off	Off	Off	Off	Off	Off
17	0.015	0.01818	0.018	0.43	4.28	Y
18	0.012	0.01269	0.013	0.42	4.29	Y
19	0.012	0.01218	0.012	0.42	4.33	Y
20	Off	Off	Off	Off	Off	Off
21	0.012	0.01277	0.013	0.46	4.31	Y
22	0.012	0.01215	0.012	0.46	4.29	Y
23	0.012	0.01215	0.012	0.46	4.27	Y
24	0.012	0.01235	0.012	0.46	4.27	Y
25	0.012	0.01226	0.012	0.46	4.26	Y
26	0.012	0.01271	0.013	0.46	4.25	Y
27	0.012	0.01221	0.012	0.46	4.25	Y
28	0.012	0.01204	0.012	0.45	4.24	Y
29	0.012	0.0122	0.012	0.46	4.25	Y
30	0.012	0.0121	0.012	0.46	4.26	Y
31						

### 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: 7/1/2024  
 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 ) * [ <sup>mg</sup> / <sub>L</sub> = 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	Off	129	Off	10.0	8.00	Off	Off	Off	Plant Off
2	Off	129	Off	10.0	8.00	Off	Off	Off	Plant Off
3	0.80	129	103.2	10.0	8.00	26.8	YES	206	
4	0.80	129	103.2	10.0	8.00	26.8	YES	202	
5	Off	129	Off	10.0	8.00	Off	Off	Off	Plant Off
6	Off	129	Off	10.0	8.00	Off	Off	Off	Plant Off
7	0.60	129	77.4	10.0	8.00	26.2	YES	202	
8	0.91	129	117.4	10.0	8.00	27.2	YES	201	
9	0.85	129	109.7	10.0	8.00	27.0	YES	201	
10	0.80	129	103.2	11.0	8.00	25.1	YES	202	
11	Off	129	Off	11.0	8.00	Off	Off	Off	Plant Off
12	0.80	129	103.2	10.0	8.00	26.8	YES	202	
13	0.80	129	103.2	10.0	8.00	26.8	YES	203	
14	0.80	129	103.2	10.0	8.00	26.8	YES	204	
15	0.80	129	103.2	10.0	8.00	26.8	YES	203	
16	Off	129	Off	10.0	8.00	Off	Off	Off	Plant Off
17	0.80	129	103.2	10.0	8.00	26.8	YES	202	
18	0.80	129	103.2	10.0	8.00	26.8	YES	202	
19	0.81	129	104.5	11.0	8.00	25.1	YES	202	
20	Off	129	Off	10.0	8.20	Off	Off	Off	Plant Off
21	0.60	129	77.4	10.0	8.20	28.2	YES	203	
22	0.72	129	92.9	11.0	8.10	25.8	YES	202	
23	0.82	129	105.8	11.0	8.10	26.1	YES	202	
24	0.80	129	103.2	11.0	8.20	27.0	YES	202	
25	0.80	129	103.2	11.0	8.20	27.0	YES	204	
26	0.80	129	103.2	11.0	8.00	25.1	YES	202	
27	0.80	129	103.2	11.0	8.00	25.1	YES	207	
28	0.80	129	103.2	11.0	8.00	25.1	YES	202	
29	0.85	129	109.7	11.0	8.00	25.2	YES	202	
30	0.80	129	103.2	11.0	8.00	25.1	YES	201	

\* If chlorine concentration at entry point < 0.2 <sup>mg</sup>/<sub>L</sub>, 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