

# OHA - DWS

## Membrane Filter Monthly Operating Report

County: Tillamookj

System Name: Neskowin Regional Water District

Month/Year: Jul-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

<b>PDR<sub>Max</sub> [psi/min]</b>	<b>LRC [log removal]</b>
0.910	4.00

Day	CFE Daily Turbidity [NTU]	Highest CFE* [NTU]	Highest IFE [NTU] (>15 min duration)	Highest PDR of day [psi/min]	Lowest LRV <sub>ambient</sub> of day [log removal]	[Y/N] or "off"
1	0.012	0.01215	0.012	0.46	4.24	Y
2	0.012	0.01228	0.012	0.46	4.23	Y
3	0.013	0.01296	0.013	0.47	4.23	Y
4	0.013	0.01376	0.014	0.46	4.23	Y
5	0.013	0.01336	0.013	0.43	4.22	Y
6	0.013	0.01288	0.013	0.47	4.21	Y
7	0.013	0.01271	0.013	0.46	4.23	Y
8	0.013	0.01269	0.013	0.46	4.20	Y
9	0.017	0.02492	0.025	0.48	4.19	Y
10	0.013	0.01275	0.013	0.46	4.23	Y
11	0.012	0.01236	0.012	0.46	4.23	Y
12	0.012	0.01211	0.012	0.45	4.24	Y
13	0.012	0.01211	0.012	0.45	4.24	Y
14	0.012	0.01193	0.012	0.46	4.19	Y
15	0.012	0.01205	0.012	0.46	4.19	Y
16	0.012	0.01192	0.012	0.46	4.16	Y
17	0.012	0.01369	0.014	0.47	4.17	Y
18	0.012	0.01218	0.012	0.47	4.16	Y
19	Off	Off	Off	Off	Off	Off
20	0.012	0.01194	0.012	0.47	4.16	Y
21	0.012	0.0121	0.012	0.47	4.13	Y
22	0.013	0.01324	0.013	0.47	4.12	Y
23	0.013	0.01351	0.014	0.47	4.12	Y
24	0.013	0.01272	0.013	0.46	4.11	Y
25	0.013	0.0131	0.013	0.46	4.13	Y
26	0.012	0.01301	0.013	0.46	4.13	Y
27	0.012	0.01283	0.013	0.45	4.14	Y
28	0.012	0.01242	0.012	0.45	4.14	Y
29	0.013	0.01363	0.014	0.43	4.14	Y
30	0.014	0.0151	0.015	0.43	4.12	Y
31	0.014	0.01436	0.014	0.46	4.10	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 <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: 8/2/2024  
 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	0.800	129	103.2	12.0	8.00	23.5	YES	202	
2	0.800	129	103.2	12.0	8.00	23.5	YES	202	
3	0.800	129	103.2	12.0	8.00	23.5	YES	202	
4	0.800	129	103.2	12.0	8.00	23.5	YES	202	
5	0.900	129	116.1	12.0	8.00	23.7	YES	202	
6	0.800	129	103.2	12.0	8.00	23.5	YES	203	
7	0.900	129	116.1	13.0	8.00	22.3	YES	206	
8	0.800	129	103.2	13.0	8.00	22.0	YES	205	
9	0.900	129	116.1	13.0	8.00	22.3	YES	201	
10	0.800	129	103.2	13.0	8.00	22.0	YES	202	
11	0.800	129	103.2	13.0	8.00	22.0	YES	202	
12	0.800	129	103.2	13.0	8.00	22.0	YES	202	
13	0.800	129	103.2	13.0	8.00	22.0	YES	202	
14	0.800	129	103.2	13.0	8.00	22.0	YES	202	
15	0.900	129	116.1	13.0	8.00	22.3	YES	202	
16	8.000	129	1032.0	13.0	8.00	49.4	YES	202	
17	0.700	129	90.3	13.0	8.00	21.8	YES	202	
18	0.800	129	103.2	13.0	8.00	22.0	YES	204	
19	0.900	129	116.1	13.0	8.00	22.3	YES	Off	Plant Off
20	0.890	129	114.8	13.0	8.00	22.2	YES	205	
21	0.810	129	104.5	13.0	8.00	22.0	YES	202	
22	0.800	129	103.2	13.0	8.00	22.0	YES	203	
23	0.900	129	116.1	13.0	8.00	22.3	YES	204	
24	0.800	129	103.2	13.0	8.00	22.0	YES	202	
25	0.800	129	103.2	13.0	8.00	22.0	YES	201	
26	0.800	129	103.2	13.0	8.00	22.0	YES	203	
27	0.900	129	116.1	13.0	8.00	22.3	YES	202	
28	1.000	129	129.0	13.0	8.00	22.5	YES	201	
29	0.900	129	116.1	13.0	8.20	24.0	YES	202	
30	0.900	129	116.1	13.0	8.10	23.1	YES	202	
31	0.900	129	116.1	13.0	8.10	23.1	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