

OHA - DWS

Membrane Filter Monthly Operating Report

County: Tillamookj

System Name: Neskowin Regional Water District

Month/Year: Sep-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]

0.910

LRC [log removal]

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	0.013	0.01269	0.013	0.47	4.36	Y
2	Off	Off	Off	Off	Off	Off
3	0.013	0.01327	0.013	0.53	4.36	Y
4	0.013	0.01481	0.015	0.53	4.24	Y
5	Off	Off	Off	Off	Off	Off
6	0.012	0.01225	0.012	0.52	4.26	Y
7	0.012	0.01188	0.012	0.52	4.29	Y
8	Off	Off	Off	Off	Off	Off
9	0.012	0.0119	0.012	0.52	4.34	Y
10	0.012	0.01203	0.012	0.52	4.29	Y
11	Off	Off	Off	Off	Off	Off
12	0.012	0.01213	0.012	0.53	4.29	Y
13	0.012	0.01212	0.012	0.53	4.29	Y
14	Off	Off	Off	Off	Off	Off
15	0.012	0.01216	0.012	0.52	4.33	Y
16	0.012	0.0122	0.012	0.52	4.33	Y
17	0.013	0.01299	0.013	0.52	4.32	Y
18	0.013	0.01296	0.013	0.52	4.28	Y
19	Off	Off	Off	Off	Off	Off
20	0.013	0.01255	0.013	0.52	4.27	Y
21	0.012	0.01299	0.013	0.52	4.29	Y
22	Off	Off	Off	Off	Off	Off
23	0.015	0.02035	0.020	0.52	4.30	Y
24	0.013	0.01296	0.013	0.52	4.28	Y
25	Off	Off	Off	Off	Off	Off
26	0.016	0.01902	0.019	0.53	4.28	Y
27	0.013	0.01291	0.013	0.53	4.27	Y
28	Off	Off	Off	Off	Off	Off
29	0.018	0.02958	0.030	0.53	4.26	Y
30	0.013	0.01274	0.013	0.53	4.28	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 _{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: 9/4/2024
 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 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	0.690	129	89.0	13.0	7.80	20.2	YES	202	
2	Off	129	Off	12.0	7.80	Off	Off	Off	Plant Off
3	0.600	129	77.4	13.0	7.80	20.0	YES	204	
4	0.600	129	77.4	13.0	7.80	20.0	YES	204	
5	Off	129	Off	13.0	7.80	Off	Off	Off	Plant Off
6	0.600	129	77.4	13.0	7.80	20.0	YES	201	
7	0.650	129	83.9	13.0	7.80	20.1	YES	202	
8	Off	129	Off	13.0	8.00	Off	Off	Off	Plant Off
9	0.700	129	90.3	13.0	8.00	21.8	YES	202	
10	0.700	129	90.3	13.0	8.00	21.8	YES	203	
11	Off	129	Off	13.0	8.00	Off	Off	Off	Plant Off
12	0.700	129	90.3	13.0	8.00	21.8	YES	216	
13	0.700	129	90.3	13.0	8.00	21.8	YES	202	
14	Off	129	Off	13.0	8.00	Off	Off	Off	Plant Off
15	0.700	129	90.3	13.0	8.00	21.8	YES	203	
16	0.700	129	90.3	13.0	8.00	21.8	YES	201	
17	0.650	129	83.9	13.0	8.00	21.6	YES	204	
18	0.700	129	90.3	13.0	8.00	21.8	YES	202	
19	Off	129	Off	13.0	8.00	Off	Off	Off	Plant Off
20	0.710	129	91.6	13.0	8.00	21.8	YES	201	
21	0.770	129	99.3	14.0	8.00	20.5	YES	202	
22	Off	129	Off	13.0	8.00	Off	Off	Off	Plant Off
23	0.600	129	77.4	13.0	8.00	21.5	YES	203	
24	0.600	129	77.4	13.0	8.00	21.5	YES	202	
25	Off	129	Off	13.0	7.80	Off	Off	Off	Plant Off
26	0.600	129	77.4	13.0	7.80	20.0	YES	202	
27	0.600	129	77.4	13.0	7.80	20.0	YES	202	
28	Off	129	Off	13.0	8.00	Off	Off	Off	Plant Off
29	0.750	129	96.8	13.0	8.00	21.9	YES	202	
30	0.700	129	90.3	13.0	7.80	20.2	YES	202	

* 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