

OHA - DWS

Membrane Filter Monthly Operating Report

County: Tillamookj

System Name: Neskowin Regional Water District

Month/Year: Oct-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} L [^{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	0.014	0.01427	0.014	0.53	4.23	Y
3	0.013	0.01301	0.013	0.52	4.02	Y
4	0.013	0.01338	0.013	0.52	4.21	Y
5	Off	Off	Off	Off	Off	Off
6	Off	Off	Off	Off	Off	Off
7	0.013	0.01481	0.015	0.53	4.20	Y
8	0.014	0.0145	0.015	0.52	4.24	Y
9	Off	Off	Off	Off	Off	Off
10	Off	Off	Off	Off	Off	Off
11	0.013	0.01314	0.013	0.51	4.27	Y
12	0.013	0.01305	0.013	0.51	4.25	Y
13	Off	Off	Off	Off	Off	Off
14	0.013	0.01323	0.013	0.51	4.23	Y
15	0.013	0.01351	0.014	0.52	4.23	Y
16	0.013	0.01349	0.013	0.52	4.23	Y
17	Off	Off	Off	Off	Off	Off
18	0.013	0.01272	0.013	0.52	4.23	Y
19	Off	Off	Off	Off	Off	Off
20	Off	Off	Off	Off	Off	Off
21	0.012	0.01253	0.013	0.51	4.22	Y
22	0.012	0.01252	0.013	0.51	4.22	Y
23	Off	Off	Off	Off	Off	Off
24	Off	Off	Off	Off	Off	Off
25	0.012	0.01243	0.012	0.51	4.21	Y
26	0.012	0.01259	0.013	0.51	4.14	Y
27	0.012	0.01239	0.012	0.51	4.13	Y
28	Off	Off	Off	Off	Off	Off
29	0.014	0.01598	0.016	0.50	4.13	Y
30	0.013	0.01266	0.013	0.50	4.20	Y
31	0.013	0.0132	0.013	0.51	4.20	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: 11/6/2024
 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	Off	129	Off	13.0	7.80	Off	Off	Off	Plant Off
2	0.600	129	77.4	12.0	8.00	23.0	YES	202	
3	0.700	129	90.3	12.0	8.00	23.2	YES	202	
4	0.750	129	96.8	12.0	8.00	23.3	YES	202	
5	Off	129	Off	12.0	8.00	Off	Off	Off	Plant Off
6	Off	129	Off	13.0	7.80	Off	Off	Off	Plant Off
7	0.600	129	77.4	12.0	8.00	23.0	YES	205	
8	0.700	129	90.3	12.0	8.00	23.2	YES	202	
9	Off	129	Off	12.0	8.00	Off	Off	Off	Plant Off
10	Off	129	Off	12.0	8.00	Off	Off	Off	Plant Off
11	0.750	129	96.8	12.0	8.00	23.3	YES	204	
12	0.790	129	101.9	12.0	8.00	23.5	YES	202	
13	Off	129	Off	12.0	7.80	Off	Off	Off	Plant Off
14	0.810	129	104.5	12.0	7.80	21.9	YES	202	
15	0.850	129	109.7	12.0	7.80	22.0	YES	202	
16	0.910	129	117.4	12.0	7.90	22.9	YES	201	
17	Off	129	Off	12.0	7.90	Off	Off	Off	Plant Off
18	0.740	129	95.5	12.0	7.80	21.7	YES	202	
19	Off	129	Off	12.0	7.80	Off	Off	Off	Plant Off
20	Off	129	Off	12.0	7.80	Off	Off	Off	Plant Off
21	0.690	129	89.0	12.0	8.00	23.2	YES	202	
22	0.720	129	92.9	12.0	8.00	23.3	YES	201	
23	Off	129	Off	11.0	8.00	Off	Off	Off	Plant Off
24	Off	129	Off	11.0	8.00	Off	Off	Off	Plant Off
25	0.500	129	64.5	11.0	8.00	24.3	YES	202	
26	0.600	129	77.4	11.0	8.00	24.5	YES	207	
27	0.500	129	64.5	11.0	8.00	24.3	YES	201	
28	Off	129	Off	11.0	8.00	Off	Off	Off	Plant Off
29	0.500	129	64.5	11.0	8.00	24.3	YES	202	
30	0.700	129	90.3	11.0	8.00	24.8	YES	202	
31	0.600	129	77.4	11.0	8.00	24.5	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