

# OHA - DWS

## Membrane Filter Monthly Operating Report

County: Tillamook

System Name: Neskowin Regional Water District

Month/Year: Nov-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<sub>Max</sub> [<sup>psi</sup>/<sub>min</sub>]

LRC [log removal]

0.910

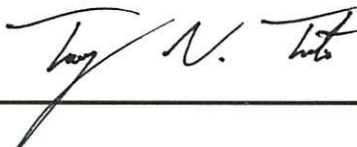
4.00

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	0.013	0.01279	0.013	0.51	4.15	Y
2	Off	Off	Off	Off	Off	Off
3	0.013	0.01305	0.013	0.51	4.15	Y
4	0.013	0.01281	0.013	0.51	4.15	Y
5	Off	Off	Off	Off	Off	Off
6	Off	Off	Off	Off	Off	Off
7	0.013	0.01383	0.014	0.50	4.15	Y
8	0.013	0.01333	0.013	0.50	4.16	Y
9	Off	Off	Off	Off	Off	Off
10	0.014	0.01351	0.014	0.50	4.15	Y
11	0.013	0.01321	0.013	0.50	4.15	Y
12	Off	Off	Off	Off	Off	Off
13	0.013	0.01348	0.013	0.50	4.15	Y
14	0.013	0.01381	0.014	0.50	4.16	Y
15	Off	Off	Off	Off	Off	Off
16	0.014	0.01566	0.016	0.51	4.11	Y
17	0.017	0.02088	0.021	0.53	4.09	Y
18	Off	Off	Off	Off	Off	Off
19	0.013	0.01323	0.013	0.51	4.11	Y
20	Off	Off	Off	Off	Off	Off
21	0.014	0.0149	0.015	0.49	4.12	Y
22	0.013	0.01337	0.013	0.49	4.12	Y
23	Off	Off	Off	Off	Off	Off
24	0.013	0.0134	0.013	0.53	4.11	Y
25	0.013	0.01333	0.013	0.51	4.11	Y
26	0.014	0.01418	0.014	0.54	4.12	Y
27	0.013	0.01321	0.013	0.54	4.11	Y
28	Off	Off	Off	Off	Off	Off
29	0.014	0.01393	0.014	0.50	4.13	Y
30	0.013	0.01353	0.014	0.50	4.17	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: 12/5/2024
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 <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	0.600	129	77.4	10.0	8.00	26.2	YES	201	
2	Off	129	Off	10.0	7.90	Off	Off	Off	Plant Off
3	0.690	129	89.0	10.0	7.90	25.6	YES	201	
4	0.700	129	90.3	10.0	8.00	26.5	YES	202	
5	Off	129	Off	10.0	8.00	Off	Off	Off	Plant Off
6	Off	129	Off	10.0	7.80	Off	Off	Off	Plant Off
7	0.700	129	90.3	10.0	7.80	24.7	YES	202	
8	1.000	129	129.0	10.0	7.80	25.6	YES	203	
9	Off	129	Off	10.0	7.80	Off	Off	Off	Plant Off
10	1.000	129	129.0	10.0	7.80	25.6	YES	201	
11	1.000	129	129.0	10.0	7.80	25.6	YES	200	
12	Off	129	Off	10.0	7.80	Off	Off	Off	Plant Off
13	0.900	129	116.1	10.0	7.80	25.3	YES	203	
14	0.850	129	109.7	10.0	7.80	25.1	YES	202	
15	Off	129	Off	10.0	7.80	Off	Off	Off	Plant Off
16	0.750	129	96.8	10.0	7.80	24.8	YES	202	
17	0.750	129	96.8	10.0	7.80	24.8	YES	205	
18	Off	129	Off	10.0	7.60	Off	Off	Off	Plant Off
19	0.900	129	116.1	9.0	7.60	25.2	YES	208	
20	Off	129	Off	9.0	7.60	Off	Off	Off	Plant Off
21	0.800	129	103.2	9.0	7.60	24.9	YES	202	
22	0.800	129	103.2	9.0	7.60	24.9	YES	203	
23	Off	129	Off	10.0	7.70	Off	Off	Off	Plant Off
24	0.920	129	118.7	10.0	7.60	23.6	YES	201	
25	0.700	129	90.3	9.0	7.70	25.5	YES	203	
26	1.000	129	129.0	9.0	7.70	26.4	YES	203	
27	1.000	129	129.0	9.0	7.70	26.4	YES	95	
28	Off	129	Off	9.0	7.70	Off	Off	Off	Plant Off
29	1.000	129	129.0	9.0	7.70	26.4	YES	204	
30	1.000	129	129.0	8.0	7.70	28.2	YES	202	

\* 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