

OHA - DWS

Membrane Filter Monthly Operating Report

County: Tillamook

System Name: Neskowin Regional Water District

Month/Year: Dec-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}]

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	0.01447	0.014	0.49	4.14	Y
3	0.013	0.01349	0.013	0.49	4.20	Y
4	Off	Off	Off	Off	Off	Off
5	0.014	0.01365	0.014	0.49	4.19	Y
6	0.014	0.01367	0.014	0.49	4.18	Y
7	Off	Off	Off	Off	Off	Off
8	0.014	0.01385	0.014	0.48	4.16	Y
9	0.014	0.01384	0.014	0.48	4.17	Y
10	Off	Off	Off	Off	Off	Off
11	0.014	0.01402	0.014	0.52	4.16	Y
12	0.014	0.01383	0.014	0.48	4.20	Y
13	0.014	0.01381	0.014	0.48	4.24	Y
14	0.014	0.0138	0.014	0.49	4.24	Y
15	0.014	0.01373	0.014	0.49	4.24	Y
16	Off	Off	Off	Off	Off	Off
17	Off	Off	Off	Off	Off	Off
18	0.015	0.01533	0.015	0.50	4.23	Y
19	0.015	0.01498	0.015	0.50	4.23	Y
20	0.015	0.0152	0.015	0.49	4.24	Y
21	0.015	0.01504	0.015	0.49	4.23	Y
22	Off	Off	Off	Off	Off	Off
23	0.016	0.01667	0.017	0.52	4.23	Y
24	0.016	0.01587	0.016	0.52	4.21	Y
25	Off	Off	Off	Off	Off	Off
26	0.016	0.01572	0.016	0.51	4.21	Y
27	0.013	0.01332	0.013	0.52	4.03	Y
28	0.013	0.01309	0.013	0.52	4.20	Y
29	0.013	0.01339	0.013	0.53	4.19	Y
30	0.013	0.01342	0.013	0.53	4.21	Y
31	0.013	0.01323	0.013	0.53	4.22	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: 1/8/2025
 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 DistrictPWS ID#: 41 - 00970Plant ID : WTP - A**0.5**↔ Log
Inactivation
Required via
Disinfection

Day		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	8.0	7.70	Off	Off	Off	Plant Off
2	1.200	129	154.8	10.0	7.60	24.4	YES	202	
3	1.200	129	154.8	7.0	7.60	29.8	YES	201	
4	Off	129	Off	8.0	7.60	Off	Off	Off	Plant Off
5	1.400	129	180.6	7.0	7.60	30.5	YES	202	
6	1.400	129	180.6	8.0	7.70	29.6	YES	202	
7	Off	129	Off	10.0	7.70	Off	Off	Off	Plant Off
8	1.000	129	129.0	10.0	7.70	24.7	YES	201	
9	1.200	129	154.8	8.0	7.80	29.9	YES	201	
10	Off	129	Off	8.0	7.80	Off	Off	Off	Plant Off
11	1.200	129	154.8	8.0	7.60	27.9	YES	202	
12	1.200	129	154.8	8.0	7.60	27.9	YES	202	
13	1.200	129	154.8	8.0	7.70	28.9	YES	204	
14	1.150	129	148.4	9.0	7.70	26.8	YES	201	
15	1.190	129	153.5	9.0	7.70	27.0	YES	202	
16	Off	129	Off	9.0	7.80	Off	Off	Off	Plant Off
17	Off	129	Off	8.0	7.80	Off	Off	Off	Plant Off
18	1.100	129	141.9	8.0	7.80	29.6	YES	202	
19	1.100	129	141.9	9.0	7.80	27.7	YES	202	
20	1.000	129	129.0	9.0	7.80	27.3	YES	202	
21	1.000	129	129.0	9.0	7.80	27.3	YES	201	
22	Off	129	Off	9.0	7.80	Off	Off	Off	Plant Off
23	1.000	129	129.0	9.0	7.80	27.3	YES	207	
24	1.000	129	129.0	9.0	7.80	27.3	YES	201	
25	Off	129	Off	9.0	7.80	Off	Off	Off	Plant Off
26	1.000	129	129.0	9.0	7.80	27.3	YES	202	
27	1.000	129	129.0	9.0	7.80	27.3	YES	225	
28	1.000	129	129.0	9.0	7.80	27.3	YES	202	
29	0.900	129	116.1	9.0	7.80	27.0	YES	201	
30	1.000	129	129.0	9.0	7.80	27.3	YES	202	
31	1.000	129	129.0	9.0	7.80	27.3	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