

# OHA - DWS

## Membrane Filter Monthly Operating Report

County: Tillamook

System Name: Neskowin Regional Water District

Month/Year: Jan-2025

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

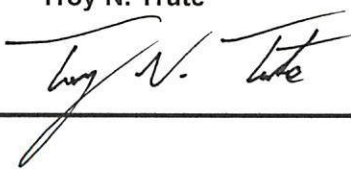
4.00

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	Off	Off	Off	Off	Off	Off
2	0.013	0.01361	0.014	0.52	4.21	Y
3	0.013	0.01338	0.013	0.52	4.21	Y
4	Off	Off	Off	Off	Off	Off
5	Off	Off	Off	Off	Off	Off
6	0.013	0.01348	0.013	0.49	4.21	Y
7	0.013	0.01342	0.013	0.49	4.24	Y
8	Off	Off	Off	Off	Off	Off
9	0.013	0.01358	0.014	0.52	4.24	Y
10	0.013	0.01338	0.013	0.52	4.23	Y
11	Off	Off	Off	Off	Off	Off
12	0.013	0.01349	0.013	0.50	4.22	Y
13	0.014	0.0137	0.014	0.50	4.26	Y
14	Off	Off	Off	Off	Off	Off
15	0.014	0.01365	0.014	0.51	4.26	Y
16	0.013	0.01346	0.013	0.51	4.25	Y
17	Off	Off	Off	Off	Off	Off
18	0.013	0.01337	0.013	0.52	4.25	Y
19	0.013	0.01349	0.013	0.52	4.25	Y
20	Off	Off	Off	Off	Off	Off
21	Off	Off	Off	Off	Off	Off
22	0.013	0.01339	0.013	0.51	4.26	Y
23	Off	Off	Off	Off	Off	Off
24	Off	Off	Off	Off	Off	Off
25	0.013	0.01345	0.013	0.51	4.27	Y
26	0.013	0.01329	0.013	0.51	4.27	Y
27	Off	Off	Off	Off	Off	Off
28	0.013	0.01316	0.013	0.52	4.29	Y
29	0.013	0.01321	0.013	0.52	4.29	Y
30	Off	Off	Off	Off	Off	Off
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 <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: <u>Troy N. Trute</u>	DATE: <u>2/3/2025</u>
SIGNATURE: 	WT CERT #: <u>D-08123 T-08076</u>
Notes:	PHONE #: <u>541-992-1655</u>

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## 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	9.0	7.80	Off	Off	Off	Plant Off
2	1.000	129	129.0	9.0	7.70	26.4	YES	201	
3	1.000	129	129.0	9.0	7.80	27.3	YES	202	
4	Off	129	Off	8.0	7.80	Off	Off	Off	Plant Off
5	Off	129	Off	9.0	7.70	Off	Off	Off	Plant Off
6	1.000	129	129.0	9.0	7.70	26.4	YES	203	
7	1.000	129	129.0	9.0	7.70	26.4	YES	201	
8	Off	129	Off	9.0	7.70	Off	Off	Off	Plant Off
9	1.000	129	129.0	9.0	7.70	26.4	YES	202	
10	1.100	129	141.9	9.0	7.70	26.7	YES	202	
11	Off	129	Off	9.0	7.80	Off	Off	Off	Plant Off
12	1.100	129	141.9	9.0	7.80	27.7	YES	202	
13	1.200	129	154.8	8.0	7.80	29.9	YES	201	
14	Off	129	Off	8.0	7.80	Off	Off	Off	Plant Off
15	1.100	129	141.9	8.0	7.80	29.6	YES	201	
16	1.100	129	141.9	9.0	7.80	27.7	YES	205	
17	Off	129	Off	8.0	7.80	Off	Off	Off	Plant Off
18	1.000	129	129.0	8.0	7.80	29.3	YES	202	
19	0.900	129	116.1	7.0	7.80	30.9	YES	203	
20	Off	129	Off	7.0	7.80	Off	Off	Off	Plant Off
21	Off	129	Off	7.0	7.80	Off	Off	Off	Plant Off
22	1.000	129	129.0	6.0	7.80	33.5	YES	202	
23	Off	129	Off	6.0	7.80	Off	Off	Off	Plant Off
24	Off	129	Off	6.0	7.80	Off	Off	Off	Plant Off
25	0.890	129	114.8	7.0	7.80	30.9	YES	202	
26	0.920	129	118.7	7.0	7.80	31.0	YES	202	
27	Off	129	Off	7.0	7.80	Off	Off	Off	Plant Off
28	0.900	129	116.1	6.0	7.80	33.1	YES	202	
29	0.800	129	103.2	6.0	7.80	32.7	YES	203	
30	Off	129	Off	6.0	7.80	Off	Off	Off	Plant Off
31	Off	129	Off	7.0	7.80	Off	Off	Off	Plant Off

\* If chlorine concentration at entry point &lt; 0.2 mg/L, 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