

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
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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	0.800	129	103.2	7.0	7.80	30.6	YES	205	
2	0.800	129	103.2	6.0	7.80	32.7	YES	Off	Plant Off
3	0.800	129	103.2	6.0	7.80	32.7	YES	Off	Plant Off
4	0.800	129	103.2	6.0	7.80	32.7	YES	202	
5	0.800	129	103.2	6.0	7.80	32.7	YES	Off	Plant Off
6	0.800	129	103.2	6.0	7.80	32.7	YES	Off	Plant Off
7	0.800	129	103.2	6.0	7.80	32.7	YES	Off	Plant Off
8	0.800	129	103.2	6.0	7.80	32.7	YES	202	
9	0.800	129	103.2	6.0	7.80	32.7	YES	203	
10	0.800	129	103.2	6.0	7.80	32.7	YES	Off	Plant Off
11	0.700	129	90.3	6.0	7.80	32.4	YES	Off	Plant Off
12	0.800	129	103.2	5.0	7.80	35.1	YES	205	
13	0.790	129	101.9	5.0	7.80	35.0	YES	263	
14	0.800	129	103.2	5.0	7.80	35.1	YES	Off	Plant Off
15	0.850	129	109.7	5.0	7.80	35.3	YES	Off	Plant Off
16	0.890	129	114.8	6.0	7.80	33.1	YES	201	
17	0.770	129	99.3	6.0	7.80	32.6	YES	201	
18	0.750	129	96.8	6.0	7.80	32.6	YES	Off	Plant Off
19	0.750	129	96.8	7.0	7.80	30.4	YES	Off	Plant Off
20	0.750	129	96.8	7.0	7.80	30.4	YES	202	
21	0.800	129	103.2	7.0	7.80	30.6	YES	201	
22	0.750	129	96.8	7.0	7.80	30.4	YES	Off	Plant Off
23	0.700	129	90.3	7.0	7.80	30.2	YES	219	
24	0.700	129	90.3	8.0	7.80	28.3	YES	201	
25	0.800	129	103.2	8.0	7.80	28.6	YES	202	
26	0.750	129	96.8	8.0	7.80	28.4	YES	Off	Plant Off
27	0.700	129	90.3	8.0	7.80	28.3	YES	Off	Plant Off
28	0.750	129	96.8	8.0	7.80	28.4	YES	205	

* 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