OHA - DWS

Membrane Filter Monthly Operating Report

County: **Tillamook**

System Name: **Neskowin Regional Water District** Month/Year: **Mar-2025**

PWS ID#: 41 - **00970** Minimum test pressure **applied** || **req'd**: 16.0 psi || 11.3 ps

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 | PDR_{Max} [$^{psi}/_{min}$] | LRC [log removal] | DIT Daily

LRC = Log Removal Credit | **0.910** | **4.00**

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	0.013	0.01339	0.013	0.59	4.16	Y
2	0.013	0.0134	0.013	0.56	4.18	Y
3	0.013	0.01342	0.013	0.56	4.19	Y
4	Off	Off	Off	Off	Off	Off
5	Off	Off	Off	Off	Off	Off
6	0.013	0.01344	0.013	0.56	4.20	Y
7	Off	Off	Off	Off	Off	Off
8	Off	Off	Off	Off	Off	Off
9	0.013	0.01347	0.013	0.61	4.16	Y
10	Off	Off	Off	Off	Off	Off
11	Off	Off	Off	Off	Off	Off
12	0.014	0.01354	0.014	0.62	4.11	Y
13	0.014	0.01374	0.014	0.62	4.13	Y
14	Off	Off	Off	Off	Off	Off
15	0.014	0.0138	0.014	0.64	4.13	Y
16	0.014	0.01367	0.014	0.64	4.09	Y
17	Off	Off	Off	Off	Off	Off
18	Off	Off	Off	Off	Off	Off
19	0.014	0.01389	0.014	0.69	4.07	Y
20	Off	Off	Off	Off	Off	Off
21	Off	Off	Off	Off	Off	Off
22	0.017	0.01923	0.019	0.66	4.05	Y
23	0.014	0.0136	0.014	0.66	4.08	Y
24	Off	Off	Off	Off	Off	Off
25	0.014	0.0147	0.015	0.67	4.08	Y
26	0.014	0.01386	0.014	0.67	4.08	Y
27	0.014	0.01358	0.014	0.66	4.08	Y
28	0.013	0.01345	0.013	0.66	4.08	Y
29	0.014	0.01353	0.014	0.66	4.13	Y
30	0.014	0.01372	0.014	0.66	4.13	Y
31	0.013	0.01346	0.013	0.66	4.14	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:** 4/3/2025

SIGNATURE: Troy N. Trute **WT CERT #:** D-08123 T-08076

Notes: **PHONE #:** 541-992-1655

♣ *Used for optimization purposes only.*

Revised 7/31/2023

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		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	0.750	129	96.8	9.0	7.80	26.6	YES	95	
2	0.800	129	103.2	9.0	7.80	26.7	YES	201	
3	0.800	129	103.2	9.0	7.80	26.7	YES	201	
4	Off	129	Off	9.0	7.70	Off	Off	Off	Plant Off
5	Off	129	Off	9.0	7.70	Off	Off	Off	Plant Off
6	0.800	129	103.2	9.0	7.70	25.8	YES	263	
7	Off	129	Off	9.0	7.80	Off	Off	Off	Plant Off
8	Off	129	Off	9.0	7.80	Off	Off	Off	Plant Off
9	0.840	129	108.4	9.0	7.80	26.8	YES	261	
10	Off	129	Off	9.0	7.80	Off	Off	Off	Plant Off
11	Off	129	Off	9.0	7.80	Off	Off	Off	Plant Off
12	0.800	129	103.2	9.0	7.80	26.7	YES	260	
13	0.800	129	103.2	9.0	7.80	26.7	YES	261	
14	Off	129	Off	9.0	7.80	Off	Off	Off	Plant Off
15	0.800	129	103.2	9.0	7.80	26.7	YES	260	
16	0.800	129	103.2	9.0	7.80	26.7	YES	262	
17	Off	129	Off	8.0	7.80	Off	Off	Off	Plant Off
18	Off	129	Off	8.0	7.80	Off	Off	Off	Plant Off
19	0.800	129	103.2	8.0	7.80	28.6	YES	262	
20	Off	129	Off	8.0	7.80	Off	Off	Off	Plant Off
21	Off	129	Off	8.0	7.80	Off	Off	Off	Plant Off
22	0.750	129	96.8	9.0	7.80	26.6	YES	261	
23	0.750	129	96.8	10.0	7.80	24.8	YES	263	
24	Off	129	Off	10.0	7.80	Off	Off	Off	Plant Off
25	0.800	129	103.2	10.0	7.80	25.0	YES	261	
26	0.900	129	116.1	10.0	7.80	25.3	YES	261	
27	0.800	129	103.2	10.0	7.80	25.0	YES	263	
28	0.770	129	99.3	8.0	7.80	28.5	YES	262	
29	0.810	129	104.5	8.0	7.80	28.6	YES	260	
30	0.750	129	96.8	8.0	7.80	28.4	YES	261	
31	0.800	129	103.2	10.0	7.80	25.0	YES	261	

♦ 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