OHA - DWS

Membrane Filter Monthly Operating Report

County: **Tillamook**

System Name: **Neskowin Regional Water District** Month/Year: **Apr-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	0.01371	0.014	0.64	4.15	Y
2	Off	Off	Off	Off	Off	Off
3	Off	Off	Off	Off	Off	Off
4	0.015	0.01739	0.017	0.74	4.09	Y
5	Off	Off	Off	Off	Off	Off
6	0.013	0.01355	0.014	0.74	4.08	Y
7	0.013	0.01339	0.013	0.74	4.05	Y
8	0.014	0.01381	0.014	0.72	4.04	Y
9	0.014	0.01355	0.014	0.72	4.07	Y
10	Off	Off	Off	Off	Off	Off
11	0.015	0.01507	0.015	0.72	4.07	Y
12	0.013	0.01344	0.013	0.72	4.07	Y
13	Off	Off	Off	Off	Off	Off
14	0.013	0.01354	0.014	0.72	4.07	Y
15	0.013	0.01338	0.013	0.72	4.11	Y
16	Off	Off	Off	Off	Off	Off
17	Off	Off	Off	Off	Off	Off
18	0.013	0.01346	0.013	0.72	4.08	Y
19	Off	Off	Off	Off	Off	Off
20	0.013	0.01336	0.013	0.71	4.08	Y
21	0.013	0.01337	0.013	0.72	4.04	Y
22	Off	Off	Off	Off	Off	Off
23	0.014	0.01443	0.014	0.68	4.04	Y
24	0.013	0.01336	0.013	0.68	4.07	Y
25	Off	Off	Off	Off	Off	Off
26	0.015	0.02179	0.022	0.69	4.07	Y
27	Off	Off	Off	Off	Off	Off
28	Off	Off	Off	Off	Off	Off
29	0.013	0.01342	0.013	0.69	4.06	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_{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:** **5/2/2025**

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 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	0.700	129	90.3	10.0	7.80	24.7	YES	263	
2	Off	129	Off	11.0	7.80	Off	Off	Off	Plant Off
3	Off	129	Off	11.0	7.80	Off	Off	Off	Plant Off
4	0.700	129	90.3	11.0	7.80	23.1	YES	260	
5	Off	129	Off	11.0	7.80	Off	Off	Off	Plant Off
6	0.800	129	103.2	11.0	7.80	23.4	YES	263	
7	0.750	129	96.8	11.0	7.80	23.2	YES	258	
8	0.700	129	90.3	11.0	7.80	23.1	YES	260	
9	0.700	129	90.3	11.0	7.80	23.1	YES	228	
10	Off	129	Off	11.0	7.80	Off	Off	Off	Plant Off
11	0.750	129	96.8	11.0	7.80	23.2	YES	265	
12	0.750	129	96.8	11.0	7.80	23.2	YES	261	
13	Off	129	Off	11.0	7.80	Off	Off	Off	Plant Off
14	0.750	129	96.8	11.0	7.80	23.2	YES	262	
15	0.800	129	103.2	11.0	7.80	23.4	YES	265	
16	Off	129	Off	12.0	7.80	Off	Off	Off	Plant Off
17	Off	129	Off	12.0	7.80	Off	Off	Off	Plant Off
18	0.800	129	103.2	12.0	7.80	21.9	YES	261	
19	Off	129	Off	12.0	7.80	Off	Off	Off	Plant Off
20	0.700	129	90.3	12.0	7.80	21.6	YES	263	
21	0.700	129	90.3	12.0	7.80	21.6	YES	263	
22	Off	129	Off	12.0	7.80	Off	Off	Off	Plant Off
23	0.800	129	103.2	12.0	7.80	21.9	YES	262	
24	0.750	129	96.8	12.0	7.80	21.8	YES	262	
25	Off	129	Off	12.0	7.80	Off	Off	Off	Plant Off
26	0.800	129	103.2	12.0	7.80	21.9	YES	261	
27	Off	129	Off	12.0	7.80	Off	Off	Off	Plant Off
28	Off	129	Off	12.0	7.80	Off	Off	Off	Plant Off
29	0.800	129	103.2	12.0	7.80	21.9	YES	263	
30	Off	129	Off	12.0	7.80	Off	Off	Off	Plant Off

♦ 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

Revised 7/31/2023