OHA - DWS

Membrane Filter Monthly Operating Report

County: **Tillamook**

System Name: **Neskowin Regional Water District** Month/Year: **May-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	Off	Off	Off	Off	Off	Off
2	0.014	0.01508	0.015	0.69	4.05	Y
3	0.014	0.01456	0.015	0.69	4.02	Y
4	Off	Off	Off	Off	Off	Off
5	0.015	0.0166	0.017	0.68	4.02	Y
6	0.014	0.01395	0.014	0.68	4.05	Y
7	Off	Off	Off	Off	Off	Off
8	0.014	0.01366	0.014	0.67	4.03	Y
9	0.014	0.01401	0.014	0.67	4.05	Y
10	Off	Off	Off	Off	Off	Off
11	0.014	0.01372	0.014	0.67	4.04	Y
12	Off	Off	Off	Off	Off	Off
13	Off	Off	Off	Off	Off	Off
14	0.014	0.01486	0.015	0.66	4.04	Y
15	0.014	0.01421	0.014	0.66	4.04	Y
16	Off	Off	Off	Off	Off	Off
17	0.016	0.02172	0.022	0.66	4.00	Y
18	0.014	0.01385	0.014	0.66	4.00	Y
19	Off	Off	Off	Off	Off	Off
20	0.014	0.01783	0.018	0.69	4.03	Y
21	Off	Off	Off	Off	Off	Off
22	Off	Off	Off	Off	Off	Off
23	0.013	0.01344	0.013	0.66	4.08	Y
24	0.013	0.0132	0.013	0.66	4.09	Y
25	0.013	0.01336	0.013	0.66	4.08	Y
26	0.013	0.01363	0.014	0.66	4.07	Y
27	Off	Off	Off	Off	Off	Off
28	0.013	0.01341	0.013	0.64	4.06	Y
29	0.013	0.0135	0.014	0.64	4.09	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:** **6/6/2025**

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

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

Revised 7/31/2023

♣ *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	Off	129	Off	12.0	7.80	Off	Off	Off	Plant Off
2	0.800	129	103.2	12.0	7.80	21.9	YES	261	
3	0.750	129	96.8	12.0	7.80	21.8	YES	261	
4	Off	129	Off	12.0	7.80	Off	Off	Off	Plant Off
5	0.700	129	90.3	12.0	7.80	21.6	YES	261	
6	0.800	129	103.2	12.0	7.80	21.9	YES	261	
7	Off	129	Off	12.0	7.80	Off	Off	Off	Plant Off
8	0.800	129	103.2	12.0	7.80	21.9	YES	262	
9	0.800	129	103.2	12.0	7.80	21.9	YES	258	
10	Off	129	Off	12.0	7.80	Off	Off	Off	Plant Off
11	0.800	129	103.2	12.0	7.80	21.9	YES	261	
12	Off	129	Off	12.0	7.80	Off	Off	Off	Plant Off
13	Off	129	Off	12.0	7.80	Off	Off	Off	Plant Off
14	0.700	129	90.3	12.0	7.80	21.6	YES	262	
15	0.800	129	103.2	12.0	7.80	21.9	YES	259	
16	Off	129	Off	12.0	7.80	Off	Off	Off	Plant Off
17	0.700	129	90.3	12.0	7.80	21.6	YES	261	
18	0.700	129	90.3	12.0	7.80	21.6	YES	95	
19	Off	129	Off	12.0	7.80	Off	Off	Off	Plant Off
20	0.700	129	90.3	13.0	7.80	20.2	YES	262	
21	Off	129	Off	13.0	7.80	Off	Off	Off	Plant Off
22	Off	129	Off	13.0	7.80	Off	Off	Off	Plant Off
23	0.700	129	90.3	13.0	7.70	19.5	YES	264	
24	0.700	129	90.3	12.0	7.70	20.9	YES	260	
25	0.600	129	77.4	12.0	7.70	20.7	YES	262	
26	0.600	129	77.4	12.0	7.70	20.7	YES	262	
27	Off	129	Off	12.0	7.70	Off	Off	Off	Plant Off
28	0.700	129	90.3	13.0	7.70	19.5	YES	262	
29	0.700	129	90.3	13.0	7.70	19.5	YES	260	
30	Off	129	Off	13.0	7.70	Off	Off	Off	Plant Off
31	Off	129	Off	13.0	7.70	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