OHA - DWS

Membrane Filter Monthly Operating Report

County: **Tillamook**

System Name: **Neskowin Regional Water District** Month/Year: **Jun-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	0.01367	0.014	0.62	4.32	Y
2	0.014	0.01379	0.014	0.43	4.31	Y
3	0.012	0.01277	0.013	0.43	4.29	Y
4	0.013	0.01319	0.013	0.43	4.29	Y
5	Off	Off	Off	Off	Off	Off
6	Off	Off	Off	Off	Off	Off
7	0.012	0.01265	0.013	0.42	4.32	Y
8	0.012	0.01253	0.013	0.42	4.32	Y
9	0.014	0.01357	0.014	0.63	4.31	Y
10	0.014	0.01358	0.014	0.62	4.33	Y
11	0.014	0.01368	0.014	0.62	4.32	Y
12	0.014	0.01396	0.014	0.61	4.32	Y
13	0.014	0.01395	0.014	0.61	4.33	Y
14	Off	Off	Off	Off	Off	Off
15	0.015	0.02083	0.021	0.59	4.33	Y
16	0.014	0.01384	0.014	0.59	4.32	Y
17	0.014	0.01453	0.015	0.60	4.31	Y
18	0.014	0.01517	0.015	0.60	4.33	Y
19	Off	Off	Off	Off	Off	Off
20	0.015	0.016	0.016	0.61	4.32	Y
21	0.015	0.01583	0.016	0.61	4.32	Y
22	Off	Off	Off	Off	Off	Off
23	Off	Off	Off	Off	Off	Off
24	0.014	0.01428	0.014	0.80	4.04	Y
25	0.013	0.01363	0.014	0.80	4.21	Y
26	0.013	0.01357	0.014	0.81	4.21	Y
27	0.014	0.01382	0.014	0.91	4.18	Y
28	0.014	0.01405	0.014	0.91	4.15	Y
29	Off	Off	Off	Off	Off	Off
30	0.014	0.01393	0.014	0.44	4.24	Y
31	0.014	0.01373	0.014	0.34	4.41	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:** **7/2/2025**

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	0.710	129	91.6	13.0	7.70	19.5	YES	262	
2	0.700	129	90.3	13.0	7.80	20.2	YES	262	
3	0.700	129	90.3	13.0	7.80	20.2	YES	206	
4	0.700	129	90.3	13.0	7.80	20.2	YES	202	
5	Off	129	Off	13.0	7.80	Off	Off	Off	Plant Off
6	Off	129	Off	13.0	7.80	Off	Off	Off	Plant Off
7	0.600	129	77.4	13.0	7.70	19.3	YES	202	
8	0.700	129	90.3	13.0	7.70	19.5	YES	201	
9	0.700	129	90.3	14.0	7.80	18.9	YES	231	
10	0.700	129	90.3	14.0	7.80	18.9	YES	261	
11	0.700	129	90.3	14.0	7.80	18.9	YES	265	
12	0.700	129	90.3	14.0	7.80	18.9	YES	264	
13	0.700	129	90.3	14.0	7.80	18.9	YES	260	
14	Off	129	Off	14.0	7.80	Off	Off	Off	Plant Off
15	0.700	129	90.3	14.0	7.80	18.9	YES	262	
16	0.700	129	90.3	14.0	7.80	18.9	YES	261	
17	0.700	129	90.3	13.0	7.70	19.5	YES	262	
18	0.700	129	90.3	14.0	7.80	18.9	YES	264	
19	Off	129	Off	14.0	7.80	Off	Off	Off	Plant Off
20	0.700	129	90.3	14.0	7.80	18.9	YES	263	
21	0.700	129	90.3	14.0	7.80	18.9	YES	263	
22	Off	129	Off	14.0	7.80	Off	Off	Off	Plant Off
23	Off	129	Off	14.0	7.70	Off	Off	Off	Plant Off
24	0.550	129	71.0	14.0	7.70	17.9	YES	260	
25	0.550	129	71.0	14.0	7.60	17.3	YES	264	
26	0.600	129	77.4	14.0	7.70	18.0	YES	260	
27	0.600	129	77.4	14.0	7.70	18.0	YES	261	
28	0.600	129	77.4	14.0	7.70	18.0	YES	261	
29	Off	129	Off	14.0	7.70	Off	Off	Off	Plant Off
30	0.600	129	77.4	14.0	7.70	18.0	YES	262	

♦ 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