OHA - DWS

Membrane Filter Monthly Operating Report

County: **Tillamook**

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

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

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	0.014	0.01373	0.014	0.34	4.41	Y
2	0.014	0.01367	0.014	0.34	4.51	Y
3	0.014	0.01451	0.015	0.33	4.50	Y
4	0.015	0.01614	0.016	0.33	4.50	Y
5	0.015	0.01555	0.016	0.34	4.48	Y
6	0.015	0.01517	0.015	0.34	4.48	Y
7	0.014	0.01475	0.015	0.34	4.47	Y
8	Off	Off	Off	Off	Off	Off
9	0.018	0.02851	0.029	0.34	4.47	Y
10	0.015	0.01534	0.015	0.34	4.47	Y
11	0.017	0.01698	0.017	0.34	4.48	Y
12	0.015	0.01565	0.016	0.34	4.45	Y
13	0.015	0.01474	0.015	0.34	4.44	Y
14	0.015	0.01473	0.015	0.34	4.44	Y
15	0.014	0.01435	0.014	0.35	4.43	Y
16	0.015	0.01468	0.015	0.34	4.44	Y
17	0.014	0.01449	0.014	0.34	4.43	Y
18	0.015	0.0162	0.016	0.36	4.43	Y
19	0.014	0.01453	0.015	0.36	4.41	Y
20	Off	Off	Off	Off	Off	Off
21	0.014	0.01436	0.014	0.36	4.42	Y
22	0.015	0.01515	0.015	0.36	4.38	Y
23	Off	Off	Off	Off	Off	Off
24	0.015	0.01464	0.015	0.36	4.36	Y
25	0.015	0.01453	0.015	0.36	4.34	Y
26	0.014	0.01448	0.014	0.36	4.26	Y
27	0.014	0.01443	0.014	0.38	4.13	Y
28	0.015	0.01464	0.015	0.38	4.27	Y
29	0.015	0.01503	0.015	0.38	4.25	Y
30	Off	Off	Off	Off	Off	Off
31	0.016	0.01856	0.019	0.61	4.05	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:** **8/6/2025**

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	0.700	129	90.3	14.0	7.70	18.2	YES	262	
2	0.700	129	90.3	14.0	7.70	18.2	YES	261	
3	0.650	129	83.9	15.0	7.60	16.3	YES	262	
4	0.650	129	83.9	15.0	7.60	16.3	YES	260	
5	0.700	129	90.3	14.0	7.70	18.2	YES	263	
6	0.750	129	96.8	14.0	7.70	18.3	YES	263	
7	0.800	129	103.2	14.0	7.70	18.4	YES	261	
8	Off	129	Off	14.0	7.70	Off	Off	Off	Plant Off
9	0.800	129	103.2	14.0	7.70	18.4	YES	262	
10	0.750	129	96.8	15.0	7.70	17.2	YES	262	
11	0.700	129	90.3	14.0	7.70	18.2	YES	263	
12	0.800	129	103.2	14.0	7.70	18.4	YES	264	
13	0.750	129	96.8	14.0	7.70	18.3	YES	173	
14	0.800	129	103.2	15.0	7.70	17.3	YES	261	
15	0.800	129	103.2	14.0	7.70	18.4	YES	259	
16	0.800	129	103.2	14.0	7.70	18.4	YES	261	
17	0.800	129	103.2	14.0	7.70	18.4	YES	261	
18	0.700	129	90.3	15.0	7.70	17.1	YES	262	
19	0.600	129	77.4	15.0	7.70	16.9	YES	264	
20	Off	129	Off	15.0	7.70	Off	Off	Off	Plant Off
21	0.800	129	103.2	15.0	7.70	17.3	YES	262	
22	0.800	129	103.2	15.0	7.70	17.3	YES	260	
23	Off	129	Off	15.0	7.60	Off	Off	Off	Plant Off
24	0.650	129	83.9	15.0	7.60	16.3	YES	263	
25	0.700	129	90.3	15.0	7.60	16.4	YES	258	
26	0.600	129	77.4	15.0	7.60	16.3	YES	261	
27	0.550	129	71.0	15.0	7.60	16.2	YES	262	
28	0.600	129	77.4	15.0	7.60	16.3	YES	262	
29	0.600	129	77.4	15.0	7.60	16.3	YES	261	
30	Off	129	Off	15.0	7.70	Off	Off	Off	Plant Off
31	0.700	129	90.3	15.0	7.70	17.1	YES	263	

♦ 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