OHA - DWS

Membrane Filter Monthly Operating Report

County: **Tillamook**

System Name: **Neskowin Regional Water District** Month/Year: **Aug-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	0.016	0.01856	0.019	0.61	4.05	Y
2	0.014	0.01458	0.015	0.61	4.01	Y
3	0.014	0.01449	0.014	0.61	4.01	Y
4	0.014	0.01446	0.014	0.61	4.02	Y
5	0.014	0.01456	0.015	0.60	4.03	Y
6	Off	Off	Off	Off	Off	Off
7	0.014	0.01449	0.014	0.56	4.15	Y
8	0.014	0.01437	0.014	0.59	4.19	Y
9	0.014	0.01444	0.014	0.59	4.18	Y
10	0.014	0.01439	0.014	0.59	4.18	Y
11	0.014	0.01451	0.015	0.58	4.17	Y
12	0.014	0.01424	0.014	0.58	4.20	Y
13	0.014	0.01425	0.014	0.69	4.16	Y
14	0.014	0.01414	0.014	0.69	4.11	Y
15	Off	Off	Off	Off	Off	Off
16	Off	Off	Off	Off	Off	Off
17	0.014	0.01417	0.014	0.69	4.10	Y
18	0.014	0.01435	0.014	0.67	4.11	Y
19	0.014	0.01491	0.015	0.68	4.12	Y
20	0.015	0.01512	0.015	0.68	4.14	Y
21	0.015	0.01486	0.015	0.67	4.14	Y
22	0.015	0.0154	0.015	0.67	4.11	Y
23	0.015	0.01541	0.015	0.67	4.11	Y
24	Off	Off	Off	Off	Off	Off
25	0.015	0.01564	0.016	0.66	4.10	Y
26	0.015	0.01474	0.015	0.66	4.11	Y
27	0.013	0.01259	0.013	0.67	4.07	Y
28	0.013	0.01274	0.013	0.67	4.10	Y
29	0.013	0.01287	0.013	0.67	4.09	Y
30	0.013	0.01312	0.013	0.66	4.09	Y
31	0.013	0.01305	0.013	0.67	4.09	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:** **9/8/2025**

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	0.720	129	92.9	15.0	7.70	17.1	YES	263	
2	0.790	129	101.9	15.0	7.70	17.2	YES	263	
3	0.770	129	99.3	15.0	7.70	17.2	YES	263	
4	0.700	129	90.3	15.0	7.80	17.7	YES	262	
5	0.650	129	83.9	15.0	7.80	17.6	YES	260	
6	Off	129	Off	15.0	7.80	Off	Off	Off	Plant Off
7	0.500	129	64.5	15.0	7.80	17.3	YES	260	
8	0.650	129	83.9	15.0	7.80	17.6	YES	261	
9	0.600	129	77.4	15.0	7.80	17.5	YES	263	
10	0.700	129	90.3	15.0	7.80	17.7	YES	261	
11	0.650	129	83.9	15.0	7.80	17.6	YES	264	
12	0.650	129	83.9	16.0	7.80	16.5	YES	172	
13	0.650	129	83.9	16.0	7.80	16.5	YES	262	
14	0.650	129	83.9	16.0	7.80	16.5	YES	261	
15	Off	129	Off	16.0	7.80	Off	Off	Off	Plant Off
16	Off	129	Off	16.0	7.80	Off	Off	Off	Plant Off
17	0.600	129	77.4	16.0	7.80	16.4	YES	262	
18	0.600	129	77.4	16.0	7.70	15.8	YES	261	
19	0.650	129	83.9	16.0	7.70	15.9	YES	263	
20	0.600	129	77.4	16.0	7.80	16.4	YES	259	
21	0.600	129	77.4	16.0	7.80	16.4	YES	261	
22	0.700	129	90.3	16.0	7.80	16.6	YES	265	
23	0.800	129	103.2	16.0	7.80	16.8	YES	261	
24	Off	129	Off	16.0	7.80	Off	Off	Off	Plant Off
25	0.600	129	77.4	16.0	7.80	16.4	YES	262	
26	0.600	129	77.4	16.0	7.80	16.4	YES	262	
27	0.600	129	77.4	16.0	7.80	16.4	YES	261	
28	0.600	129	77.4	16.0	7.80	16.4	YES	265	
29	0.700	129	90.3	16.0	7.80	16.6	YES	95	
30	0.700	129	90.3	16.0	7.80	16.6	YES	262	
31	0.600	129	77.4	15.0	7.80	17.5	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