OHA - DWS

Membrane Filter Monthly Operating Report

County: **Tillamook**

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

LRC = Log Removal Credit

PDR_{Max} [$^{psi}/_{min}$]	LRC [log removal]
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]	DIT Daily [Y/N] or "off"
1	Off	Off	Off	Off	Off	Off
2	0.013	0.013	0.013	0.40	4.19	Y
3	0.013	0.01314	0.013	0.40	4.17	Y
4	0.013	0.0132	0.013	0.40	4.33	Y
5	0.013	0.01336	0.013	0.40	4.46	Y
6	Off	Off	Off	Off	Off	Off
7	0.013	0.01352	0.014	0.40	4.46	Y
8	Off	Off	Off	Off	Off	Off
9	Off	Off	Off	Off	Off	Off
10	0.013	0.01338	0.013	0.40	4.47	Y
11	0.013	0.01341	0.013	0.40	4.43	Y
12	Off	Off	Off	Off	Off	Off
13	0.014	0.01373	0.014	0.40	4.39	Y
14	0.014	0.01467	0.015	0.40	4.22	Y
15	0.014	0.0142	0.014	0.40	4.43	Y
16	Off	Off	Off	Off	Off	Off
17	Off	Off	Off	Off	Off	Off
18	0.014	0.01428	0.014	0.40	4.43	Y
19	Off	Off	Off	Off	Off	Off
20	Off	Off	Off	Off	Off	Off
21	0.015	0.01544	0.015	0.40	4.40	Y
22	0.014	0.01461	0.015	0.40	4.22	Y
23	0.013	0.01333	0.013	0.40	4.41	Y
24	0.013	0.01342	0.013	0.40	4.39	Y
25	Off	Off	Off	Off	Off	Off
26	0.013	0.0134	0.013	0.40	4.38	Y
27	0.013	0.01399	0.014	0.40	4.40	Y
28	Off	Off	Off	Off	Off	Off
29	Off	Off	Off	Off	Off	Off
30	0.014	0.01444	0.014	0.40	4.39	Y
31	0.014	0.01372	0.014	0.40	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:** 11/7/2025

SIGNATURE: **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	Off	129	Off	15.0	7.80	Off	Off	Off	Plant Off
2	0.500	129	64.5	15.0	7.80	17.3	YES	262	
3	0.500	129	64.5	15.0	7.80	17.3	YES	262	
4	0.620	129	80.0	15.0	7.70	16.9	YES	262	
5	0.620	129	80.0	15.0	7.70	16.9	YES	262	
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	262	
8	Off	129	Off	15.0	7.80	Off	Off	Off	Plant Off
9	Off	129	Off	15.0	7.80	Off	Off	Off	Plant Off
10	0.500	129	64.5	15.0	7.80	17.3	YES	262	
11	0.700	129	90.3	14.0	7.70	18.2	YES	261	
12	Off	129	Off	14.0	7.70	Off	Off	Off	Plant Off
13	0.600	129	77.4	14.0	7.70	18.0	YES	262	
14	0.650	129	83.9	13.0	7.70	19.4	YES	259	
15	0.800	129	103.2	13.0	7.70	19.7	YES	259	
16	Off	129	Off	13.0	7.70	Off	Off	Off	Plant Off
17	Off	129	Off	13.0	7.70	Off	Off	Off	Plant Off
18	0.700	129	90.3	13.0	7.80	20.2	YES	260	
19	Off	129	Off	13.0	7.80	Off	Off	Off	Plant Off
20	Off	129	Off	13.0	7.70	Off	Off	Off	Plant Off
21	0.700	129	90.3	13.0	7.80	20.2	YES	261	
22	0.700	129	90.3	13.0	7.80	20.2	YES	262	
23	0.890	129	114.8	13.0	7.70	19.9	YES	263	
24	0.900	129	116.1	13.0	7.80	20.7	YES	260	
25	Off	129	Off	13.0	7.70	Off	Off	Off	Plant Off
26	0.750	129	96.8	13.0	7.60	18.9	YES	260	
27	0.900	129	116.1	13.0	7.70	19.9	YES	262	
28	Off	129	Off	13.0	7.70	Off	Off	Off	Plant Off
29	Off	129	Off	13.0	7.70	Off	Off	Off	Plant Off
30	0.750	129	96.8	13.0	7.70	19.6	YES	263	
31	0.810	129	104.5	13.0	7.70	19.7	YES	261	

♦ 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

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