

# OHA - DWS

## Membrane Filter Monthly Operating Report

County: **Tillamook**

System Name: **Neskowin Regional Water District**

Month/Year: **Dec-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  
LRC = Log Removal Credit

<b>PDR<sub>Max</sub> [<sup>psi</sup>/min]</b>	<b>LRC [log removal]</b>
<b>0.910</b>	<b>4.00</b>

**DIT Daily**

Day	CFE Daily Turbidity [NTU]	Highest CFE* [NTU]	Highest IFE [NTU] (>15 min duration)	Highest PDR of day [ <sup>psi</sup> /min]	Lowest LRV <sub>ambient</sub> of day [log removal]	[Y/N] or "off"
1	Off	Off	Off	Off	Off	Off
2	Off	Off	Off	Off	Off	Off
3	Off	Off	Off	Off	Off	Off
4	0.013	0.0133	0.013	0.40	4.35	Y
5	0.014	0.01377	0.014	0.40	4.34	Y
6	Off	Off	Off	Off	Off	Off
7	0.013	0.0134	0.013	0.40	4.34	Y
8	0.013	0.01333	0.013	0.40	4.36	Y
9	Off	Off	Off	Off	Off	Off
10	Off	Off	Off	Off	Off	Off
11	Off	Off	Off	Off	Off	Off
12	0.014	0.01381	0.014	0.40	4.36	Y
13	0.013	0.01343	0.013	0.40	4.37	Y
14	Off	Off	Off	Off	Off	Off
15	Off	Off	Off	Off	Off	Off
16	0.013	0.01294	0.013	0.40	4.37	Y
17	0.013	0.01294	0.013	0.40	4.35	Y
18	0.013	0.01286	0.013	0.40	4.36	Y
19	Off	Off	Off	Off	Off	Off
20	Off	Off	Off	Off	Off	Off
21	0.013	0.01295	0.013	0.40	4.37	Y
22	0.013	0.01295	0.013	0.40	4.38	Y
23	Off	Off	Off	Off	Off	Off
24	0.013	0.01308	0.013	0.40	4.37	Y
25	Off	Off	Off	Off	Off	Off
26	Off	Off	Off	Off	Off	Off
27	Off	Off	Off	Off	Off	Off
28	0.013	0.0131	0.013	0.40	4.36	Y
29	Off	Off	Off	Off	Off	Off
30	0.013	0.01298	0.013	0.40	4.34	Y
31	0.013	0.01301	0.013	0.40	4.36	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 <sub>Max</sub> , LRV ≥ LRC)	DIT Daily?
Yes	Yes	Yes	Yes	Yes
CT's met daily? (p. 2)	All Cl <sub>2</sub> residual at EP ≥ 0.2 mg/L?	PDR ≤ PDR <sub>Max</sub> ?	LRV <sub>ambient</sub> ≥ LRC?	
Yes	Yes	Yes	Yes	

PRINTED NAME: <b>Troy N. Trute</b>	DATE: <b>1/6/2026</b>
SIGNATURE:	WT CERT #: <b>D-08123 T-08076</b>
Notes:	PHONE #: <b>541-992-1655</b>

♣ Used for optimization purposes only.

## Disinfection Monthly Operating Report

System Name: Neskowin Regional Water DistrictPWS ID#: 41 - 00970Plant 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	Off	129	Off	12.0	7.80	Off	Off	Off	Plant Off
3	Off	129	Off	12.0	7.80	Off	Off	Off	Plant Off
4	0.700	129	90.3	12.0	7.70	20.9	YES	264	
5	0.800	129	103.2	12.0	7.70	21.1	YES	169	
6	Off	129	Off	12.0	7.70	Off	Off	Off	Plant Off
7	0.810	129	104.5	12.0	7.80	21.9	YES	261	
8	0.850	129	109.7	12.0	7.80	22.0	YES	260	
9	Off	129	Off	12.0	7.80	Off	Off	Off	Plant Off
10	Off	129	Off	12.0	7.80	Off	Off	Off	Plant Off
11	Off	129	Off	12.0	7.80	Off	Off	Off	Plant Off
12	0.800	129	103.2	12.0	7.80	21.9	YES	284	
13	0.800	129	103.2	12.0	7.80	21.9	YES	261	
14	Off	129	Off	12.0	7.80	Off	Off	Off	Plant Off
15	Off	129	Off	12.0	7.80	Off	Off	Off	Plant Off
16	0.800	129	103.2	12.0	7.80	21.9	YES	262	
17	0.800	129	103.2	12.0	7.80	21.9	YES	288	
18	0.800	129	103.2	12.0	7.80	21.9	YES	170	
19	Off	129	Off	12.0	7.80	Off	Off	Off	Plant Off
20	Off	129	Off	12.0	7.80	Off	Off	Off	Plant Off
21	0.800	129	103.2	12.0	7.80	21.9	YES	263	
22	0.800	129	103.2	12.0	7.80	21.9	YES	260	
23	Off	129	Off	11.0	7.80	Off	Off	Off	Plant Off
24	0.800	129	103.2	11.0	7.80	23.4	YES	259	
25	Off	129	Off	12.0	7.80	Off	Off	Off	Plant Off
26	Off	129	Off	12.0	7.80	Off	Off	Off	Plant Off
27	Off	129	Off	12.0	7.80	Off	Off	Off	Plant Off
28	0.780	129	100.6	12.0	7.80	21.8	YES	263	
29	Off	129	Off	10.0	7.80	Off	Off	Off	Plant Off
30	0.800	129	103.2	10.0	7.80	25.0	YES	262	
31	0.850	129	109.7	10.0	7.80	25.1	YES	259	

\* If chlorine concentration at entry point &lt; 0.2 mg/L, or CT not met, notify DWS within 24 hours.

Submit this monthly report by the 10<sup>th</sup> of following month by

mail: Drinking Water Services  
PO Box 14350  
Portland, OR 97293-0350

email: [dwp.dmce@odhsoha.oregon.gov](mailto:dwp.dmce@odhsoha.oregon.gov)

fax: 971-673-0458