

OHA - DWS

Membrane Filter Monthly Operating Report

County: Tillamook

System Name: Neskowin Regional Water District

Month/Year: Jan-2026

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

PDR_{Max} [^{psi}/min]

LRC [log removal]

0.910

4.00

DIT
Daily

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	Off	Off	Off	Off	Off	Off
2	0.013	0.01301	0.013	0.40	4.35	Y
3	0.013	0.01303	0.013	0.40	4.33	Y
4	Off	Off	Off	Off	Off	Off
5	Off	Off	Off	Off	Off	Off
6	Off	Off	Off	Off	Off	Off
7	0.013	0.01289	0.013	0.40	4.20	Y
8	0.013	0.01297	0.013	0.40	4.13	Y
9	Off	Off	Off	Off	Off	Off
10	Off	Off	Off	Off	Off	Off
11	0.013	0.0134	0.013	0.40	4.32	Y
12	0.013	0.0131	0.013	0.40	4.33	Y
13	Off	Off	Off	Off	Off	Off
14	Off	Off	Off	Off	Off	Off
15	0.013	0.01298	0.013	0.40	4.33	Y
16	0.013	0.01296	0.013	0.40	4.33	Y
17	Off	Off	Off	Off	Off	Off
18	0.013	0.01311	0.013	0.40	4.31	Y
19	0.013	0.01295	0.013	0.40	4.28	Y
20	Off	Off	Off	Off	Off	Off
21	0.013	0.01273	0.013	0.40	4.28	Y
22	0.013	0.01275	0.013	0.40	4.26	Y
23	Off	Off	Off	Off	Off	Off
24	0.013	0.01309	0.013	0.40	4.26	Y
25	0.013	0.01304	0.013	0.40	4.27	Y
26	Off	Off	Off	Off	Off	Off
27	Off	Off	Off	Off	Off	Off
28	0.013	0.01289	0.013	0.40	4.24	Y
29	Off	Off	Off	Off	Off	Off
30	Off	Off	Off	Off	Off	Off
31	Off	Off	Off	Off	Off	Off

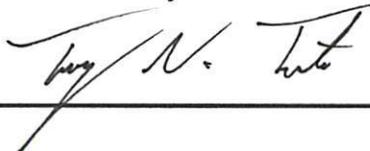
Compliance summary (operator to complete any blank fields)

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: 2/6/2026

SIGNATURE:



WT CERT #: D-08123 T-08076

Notes:

PHONE #: 541-992-1655

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	10.0	7.80	Off	Off	Off	Plant Off
2	0.700	129	90.3	10.0	7.80	24.7	YES	259	
3	0.800	129	103.2	10.0	7.80	25.0	YES	263	
4	Off	129	Off	10.0	7.80	Off	Off	Off	Plant Off
5	Off	129	Off	10.0	8.00	Off	Off	Off	Plant Off
6	Off	129	Off	10.0	7.80	Off	Off	Off	Plant Off
7	0.800	129	103.2	10.0	7.80	25.0	YES	259	
8	0.800	129	103.2	10.0	7.80	25.0	YES	261	
9	Off	129	Off	10.0	7.80	Off	Off	Off	Plant Off
10	Off	129	Off	10.0	7.80	Off	Off	Off	Plant Off
11	0.800	129	103.2	10.0	7.80	25.0	YES	260	
12	0.800	129	103.2	10.0	7.80	25.0	YES	265	
13	Off	129	Off	10.0	7.80	Off	Off	Off	Plant Off
14	Off	129	Off	10.0	7.80	Off	Off	Off	Plant Off
15	0.800	129	103.2	10.0	7.80	25.0	YES	259	
16	0.800	129	103.2	10.0	7.80	25.0	YES	260	
17	Off	129	Off	10.0	7.80	Off	Off	Off	Plant Off
18	0.810	129	104.5	10.0	7.80	25.0	YES	261	
19	0.900	129	116.1	10.0	7.80	25.3	YES	262	
20	Off	129	Off	10.0	7.80	Off	Off	Off	Plant Off
21	0.800	129	103.2	10.0	7.80	25.0	YES	259	
22	0.800	129	103.2	10.0	7.80	25.0	YES	259	
23	Off	129	Off	10.0	7.80	Off	Off	Off	Plant Off
24	0.800	129	103.2	10.0	7.80	25.0	YES	261	
25	0.800	129	103.2	9.0	7.80	26.7	YES	260	
26	Off	129	Off	9.0	7.80	Off	Off	Off	Plant Off
27	Off	129	Off	9.0	7.80	Off	Off	Off	Plant Off
28	1.000	129	129.0	9.0	7.80	27.3	YES	261	
29	Off	129	Off	10.0	7.80	Off	Off	Off	Plant Off
30	Off	129	Off	10.0	7.80	Off	Off	Off	Plant Off
31	Off	129	Off	10.0	7.80	Off	Off	Off	Plant Off

* 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