

# OHA - DWS

## Membrane Filter Monthly Operating Report

County: Tillamook

System Name: Neskowin Regional Water District

Month/Year: Feb-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<sub>Max</sub> [<sup>psi</sup>/<sub>min</sub>]

LRC [log removal]

0.910

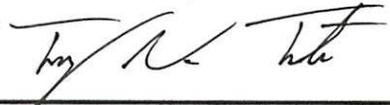
4.00

DIT  
Daily

Day	CFE Daily Turbidity [NTU]	Highest CFE* [NTU]	Highest IFE [NTU] (>15 min duration)	Highest PDR of day [ <sup>psi</sup> / <sub>min</sub> ]	Lowest LRV <sub>ambient</sub> of day [log removal]	[Y/N] or "off"
1	0.013	0.01288	0.013	0.40	4.22	Y
2	Off	Off	Off	Off	Off	Off
3	Off	Off	Off	Off	Off	Off
4	Off	Off	Off	Off	Off	Off
5	0.013	0.0129	0.013	0.40	4.22	Y
6	Off	Off	Off	Off	Off	Off
7	Off	Off	Off	Off	Off	Off
8	0.013	0.01316	0.013	0.40	4.19	Y
9	0.013	0.01291	0.013	0.40	4.13	Y
10	Off	Off	Off	Off	Off	Off
11	Off	Off	Off	Off	Off	Off
12	0.013	0.0135	0.014	0.40	4.19	Y
13	0.013	0.01265	0.013	0.40	4.28	Y
14	Off	Off	Off	Off	Off	Off
15	0.013	0.01283	0.013	0.40	4.29	Y
16	0.007	0.01271	0.013	0.40	4.30	Y
17	Off	Off	Off	Off	Off	Off
18	Off	Off	Off	Off	Off	Off
19	0.001	0.00129	0.001	0.40	4.30	Y
20	0.001	0.00127	0.001	0.40	4.29	Y
21	Off	Off	Off	Off	Off	Off
22	Off	Off	Off	Off	Off	Off
23	0.001	0.00124	0.001	0.40	4.24	Y
24	Off	Off	Off	Off	Off	Off
25	Off	Off	Off	Off	Off	Off
26	Off	Off	Off	Off	Off	Off
27	0.001	0.00117	0.001	0.40	4.25	Y
28	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 <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: <u>Troy N. Trute</u> SIGNATURE:  Notes:	DATE: <u>3/9/2026</u> WT CERT #: <u>D-08123 T-08076</u> PHONE #: <u>541-992-1655</u>
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♣ Used for optimization purposes only.

**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	1.000	129	129.0	10.0	7.80	25.6	YES	263	
2	Off	129	Off	10.0	7.80	Off	Off	Off	Plant Off
3	Off	129	Off	11.0	7.80	Off	Off	Off	Plant Off
4	Off	129	Off	10.0	7.80	Off	Off	Off	Plant Off
5	1.000	129	129.0	10.0	7.80	25.6	YES	262	
6	Off	129	Off	11.0	7.80	Off	Off	Off	Plant Off
7	Off	129	Off	11.0	7.80	Off	Off	Off	Plant Off
8	0.850	129	109.7	11.0	7.80	23.5	YES	265	
9	0.800	129	103.2	11.0	7.80	23.4	YES	259	
10	Off	129	Off	11.0	7.80	Off	Off	Off	Plant Off
11	Off	129	Off	11.0	7.80	Off	Off	Off	Plant Off
12	0.800	129	103.2	11.0	7.70	22.6	YES	261	
13	0.800	129	103.2	11.0	7.70	22.6	YES	261	
14	Off	129	Off	11.0	7.70	Off	Off	Off	Plant Off
15	0.800	129	103.2	11.0	7.80	23.4	YES	263	
16	0.900	129	116.1	10.0	7.80	25.3	YES	263	
17	Off	129	Off	10.0	7.80	Off	Off	Off	Plant Off
18	Off	129	Off	10.0	7.80	Off	Off	Off	Plant Off
19	0.900	129	116.1	10.0	7.80	25.3	YES	263	
20	0.900	129	116.1	9.0	7.80	27.0	YES	260	
21	Off	129	Off	9.0	7.80	Off	Off	Off	Plant Off
22	Off	129	Off	9.0	7.80	Off	Off	Off	Plant Off
23	1.200	129	154.8	9.0	7.70	27.0	YES	262	
24	Off	129	Off	10.0	7.70	Off	Off	Off	Plant Off
25	Off	129	Off	10.0	7.70	Off	Off	Off	Plant Off
26	Off	129	Off	10.0	7.80	Off	Off	Off	Plant Off
27	0.900	129	116.1	10.0	7.80	25.3	YES	262	
28	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 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