

OHA - DWS

Membrane Filter Monthly Operating Report

County: **Tillamook**

System Name: **Neskowin Regional Water District**

Month/Year: **Mar-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

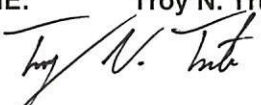
DIT
Daily

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	0.001	0.00116	0.001	0.40	4.26	Y
3	0.001	0.00115	0.001	0.40	4.26	Y
4	Off	Off	Off	Off	Off	Off
5	Off	Off	Off	Off	Off	Off
6	0.001	0.00115	0.001	0.40	4.27	Y
7	0.001	0.00117	0.001	0.40	4.27	Y
8	Off	Off	Off	Off	Off	Off
9	Off	Off	Off	Off	Off	Off
10	0.001	0.00114	0.001	0.40	4.24	Y
11	Off	Off	Off	Off	Off	Off
12	Off	Off	Off	Off	Off	Off
13	Off	Off	Off	Off	Off	Off
14	0.001	0.00123	0.001	0.40	4.28	Y
15	0.001	0.00112	0.001	0.40	4.27	Y
16	0.001	0.00116	0.001	0.40	4.28	Y
17	Off	Off	Off	Off	Off	Off
18	Off	Off	Off	Off	Off	Off
19	Off	Off	Off	Off	Off	Off
20	0.001	0.00113	0.001	0.40	4.28	Y
21	0.001	0.00113	0.001	0.40	4.29	Y
22	Off	Off	Off	Off	Off	Off
23	0.001	0.00114	0.001	0.40	4.29	Y
24	0.001	0.00114	0.001	0.40	4.28	Y
25	Off	Off	Off	Off	Off	Off
26	0.001	0.00113	0.001	0.40	4.28	Y
27	0.001	0.00113	0.001	0.40	4.28	Y
28	Off	Off	Off	Off	Off	Off
29	0.001	0.00112	0.001	0.40	4.29	Y
30	Off	Off	Off	Off	Off	Off
31	0.001	0.00113	0.001	0.40	4.28	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: **4/8/2026**

SIGNATURE:  WT CERT #: **D-08123 T-08076**

Notes: PHONE #: **541-992-1655**

* 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	10.0	7.70	Off	Off	Off	Plant Off
2	0.900	129	116.1	10.0	7.80	25.3	YES	261	
3	1.000	129	129.0	11.0	7.80	23.9	YES	261	
4	Off	129	Off	11.0	7.80	Off	Off	Off	Plant Off
5	Off	129	Off	10.0	7.70	Off	Off	Off	Plant Off
6	1.000	129	129.0	10.0	7.70	24.7	YES	265	
7	1.000	129	129.0	10.0	7.70	24.7	YES	258	
8	Off	129	Off	10.0	7.70	Off	Off	Off	Plant Off
9	Off	129	Off	11.0	7.70	Off	Off	Off	Plant Off
10	1.000	129	129.0	11.0	7.70	23.1	YES	261	
11	Off	129	Off	10.0	7.80	Off	Off	Off	Plant Off
12	Off	129	Off	10.0	7.80	Off	Off	Off	Plant Off
13	Off	129	Off	10.0	7.80	Off	Off	Off	Plant Off
14	0.950	129	122.6	10.0	7.80	25.4	YES	280	
15	1.000	129	129.0	10.0	7.80	25.6	YES	261	
16	1.200	129	154.8	10.0	7.70	25.2	YES	262	
17	Off	129	Off	10.0	7.70	Off	Off	Off	Plant Off
18	Off	129	Off	10.0	7.70	Off	Off	Off	Plant Off
19	Off	129	Off	10.0	7.70	Off	Off	Off	Plant Off
20	1.000	129	129.0	11.0	7.80	23.9	YES	262	
21	1.000	129	129.0	11.0	7.80	23.9	YES	261	
22	Off	129	Off	11.0	7.80	Off	Off	Off	Plant Off
23	1.000	129	129.0	11.0	7.80	23.9	YES	266	
24	1.000	129	129.0	11.0	7.80	23.9	YES	261	
25	Off	129	Off	11.0	7.80	Off	Off	Off	Plant Off
26	0.900	129	116.1	11.0	7.80	23.6	YES	260	
27	1.000	129	129.0	11.0	7.80	23.9	YES	260	
28	Off	129	Off	11.0	7.80	Off	Off	Off	Plant Off
29	1.000	129	129.0	11.0	7.80	23.9	YES	264	
30	Off	129	Off	11.0	7.80	Off	Off	Off	Plant Off
31	1.100	129	141.9	11.0	7.80	24.2	YES	260	

* 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