

OHA - DWS

Membrane Filter Monthly Operating Report

County: Tillamookj

System Name: Neskowin Regional Water District

Month/Year: Sep-2023

PWS ID#: 41 - 00970

Minimum test pressure applied || req'd: 16.0 psi || 11.3 psi

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

Day	CFE Daily Turbidity [NTU]	Highest CFE* [NTU]	Highest IFE [NTU] (>15 min duration)	PDR _{Max} [^{psi} / _{min}]		DIT Daily
				PDR _{Max} [^{psi} / _{min}]	LRC [log removal]	
				0.910	4.00	
				Highest PDR of day [^{psi} / _{min}]	Lowest LRV _{ambient} of day [log removal]	[Y/N] or "off"
1	0.013	0.01276	0.013	0.71	4.11	Y
2	0.013	0.01289	0.013	0.70	4.15	Y
3	0.013	0.0128	0.013	0.77	4.20	Y
4	0.013	0.0132	0.013	0.75	4.15	Y
5	0.013	0.01303	0.013	0.75	4.16	Y
6	0.015	0.01456	0.015	0.74	4.12	Y
7	0.014	0.01398	0.014	0.75	4.20	Y
8	0.014	0.01415	0.014	0.75	4.17	Y
9	0.013	0.01338	0.013	0.76	4.09	Y
10	0.013	0.01383	0.014	0.74	4.21	Y
11	0.013	0.0134	0.013	0.75	4.15	Y
12	Off	Off	Off	Off	Off	Off
13	0.013	0.01344	0.013	0.74	4.16	Y
14	0.013	0.01252	0.013	0.74	4.11	Y
15	0.013	0.01261	0.013	0.76	4.12	Y
16	Off	Off	Off	Off	Off	Off
17	0.012	0.01235	0.012	0.74	4.16	Y
18	0.012	0.01239	0.012	0.75	4.20	Y
19	Off	Off	Off	Off	Off	Off
20	0.013	0.01284	0.013	0.74	4.22	Y
21	0.012	0.01239	0.012	0.75	4.21	Y
22	Off	Off	Off	Off	Off	Off
23	0.013	0.01327	0.013	0.74	4.15	Y
24	0.013	0.01261	0.013	0.75	4.15	Y
25	Off	Off	Off	Off	Off	Off
26	Off	Off	Off	Off	Off	Off
27	0.013	0.0129	0.013	0.74	4.21	Y
28	Off	Off	Off	Off	Off	Off
29	Off	Off	Off	Off	Off	Off
30	0.015	0.01532	0.015	0.75	4.19	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: 10/9/2023
SIGNATURE:	WT CERT #: D-08123 T-08076
Notes:	PHONE #: 541-992-1655

♣ Used for optimization purposes only.

OHA-DWS

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	Minimum Cl ₂ Residual at 1 st User (C) * [^{mg} /L = ppm]	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	0.600	129	77.4	15.0	8.00	18.8	YES	214	
2	0.690	129	89.0	13.0	7.80	20.2	YES	202	
3	0.750	129	96.8	13.0	7.80	20.3	YES	202	
4	0.710	129	91.6	13.0	7.80	20.2	YES	202	
5	0.800	129	103.2	14.0	7.90	19.9	YES	202	
6	0.700	129	90.3	14.0	7.90	19.6	YES	204	
7	0.800	129	103.2	14.0	7.90	19.9	YES	204	
8	0.800	129	103.2	14.0	7.90	19.9	YES	200	
9	0.800	129	103.2	14.0	7.90	19.9	YES	202	
10	0.800	129	103.2	14.0	7.90	19.9	YES	202	
11	0.800	129	103.2	14.0	7.90	19.9	YES	201	
12	0.800	129	103.2	14.0	7.90	19.9	YES	202	
13	0.800	129	103.2	14.0	8.00	20.6	YES	202	
14	0.900	129	116.1	14.0	7.90	20.1	YES	203	
15	1.000	129	129.0	14.0	7.90	20.3	YES	207	
16	Off	129	Off	14.0	7.80	Off	Off	Off	Plant Off
17	0.910	129	117.4	13.0	7.80	20.7	YES	202	
18	1.000	129	129.0	13.0	7.80	20.9	YES	203	
19	Off	129	Off	14.0	7.90	Off	Off	Off	Plant Off
20	0.900	129	116.1	13.0	7.80	20.7	YES	234	
21	0.900	129	116.1	14.0	7.80	19.4	YES	202	
22	Off	129	Off	14.0	7.80	Off	Off	Off	Plant Off
23	0.900	129	116.1	14.0	7.80	19.4	YES	202	
24	0.880	129	113.5	13.0	7.80	20.6	YES	202	
25	Off	129	Off	13.0	7.80	Off	Off	Off	Plant Off
26	0.800	129	103.2	14.0	7.80	19.1	YES	204	
27	0.800	129	103.2	13.0	7.80	20.4	YES	202	
28	Off	129	Off	13.0	7.90	Off	Off	Off	Plant Off
29	Off	129	Off	13.0	7.90	Off	Off	Off	Plant Off
30	0.800	129	103.2	12.0	7.80	21.9	YES	201	

* 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