

OHA - DWS

Membrane Filter Monthly Operating Report

County: Tillamookj

System Name: Neskowin Regional Water District

Month/Year: Oct-2023

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

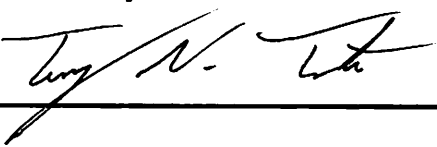
4.00

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	0.01283	0.013	0.75	4.05	Y
3	0.013	0.01292	0.013	0.75	4.08	Y
4	0.015	0.01983	0.020	0.75	4.09	Y
5	0.013	0.01367	0.014	0.75	4.04	Y
6	Off	Off	Off	Off	Off	Off
7	0.013	0.01289	0.013	0.73	4.10	Y
8	0.012	0.01275	0.013	0.77	4.09	Y
9	Off	Off	Off	Off	Off	Off
10	0.016	0.01566	0.016	0.61	4.14	Y
11	0.013	0.01277	0.013	0.35	4.22	Y
12	0.013	0.01292	0.013	0.35	4.31	Y
13	0.012	0.01247	0.012	0.36	4.51	Y
14	Off	Off	Off	Off	Off	Off
15	0.013	0.01295	0.013	0.36	4.48	Y
16	0.013	0.01282	0.013	0.36	4.47	Y
17	Off	Off	Off	Off	Off	Off
18	0.013	0.01326	0.013	0.36	4.47	Y
19	0.013	0.01281	0.013	0.36	4.47	Y
20	Off	Off	Off	Off	Off	Off
21	0.013	0.01333	0.013	0.35	4.47	Y
22	0.014	0.01403	0.014	0.36	4.45	Y
23	Off	Off	Off	Off	Off	Off
24	0.013	0.01326	0.013	0.35	4.42	Y
25	0.013	0.01355	0.014	0.34	4.35	Y
26	Off	Off	Off	Off	Off	Off
27	0.013	0.01311	0.013	0.34	4.38	Y
28	0.013	0.0131	0.013	0.34	4.45	Y
29	Off	Off	Off	Off	Off	Off
30	0.013	0.01329	0.013	0.34	4.43	Y
31	Off	Off	Off	Off	Off	Off

Compliance summary (operator to complete any blank fields)

95% of daily turbidity readings ≤ 1 NTU? [Y/N] Yes	All turbidity readings ≤ 5 NTU? [Y/N] Yes	All IFE turbidity readings ≤ 0.15 NTU? [Y/N] Yes	Performance std met? [Y/N] (PDR ≤ PDR _{Max} , LRV ≥ LRC) Yes	DIT Daily? Yes
CT's met daily? (p. 2) Yes	All Cl ₂ residual at EP ≥ 0.2 mg/L? Yes	PDR ≤ PDR _{Max} ? Yes	LRV _{ambient} ≥ LRC? Yes	

PRINTED NAME: Troy N. Trute DATE: 11/8/2023
 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	Off	129	Off	12.0	7.80	Off	Off	Off	Plant Off
2	0.800	129	103.2	12.0	8.00	23.5	YES	201	
3	0.700	129	90.3	13.0	7.90	21.0	YES	201	
4	0.700	129	90.3	13.0	7.90	21.0	YES	207	
5	0.800	129	103.2	13.0	7.90	21.2	YES	211	
6	Off	129	Off	13.0	7.90	Off	Off	Off	Plant Off
7	0.600	129	77.4	13.0	7.90	20.7	YES	201	
8	0.800	129	103.2	13.0	7.90	21.2	YES	207	
9	Off	129	Off	13.0	7.80	Off	Off	Off	Plant Off
10	0.800	129	103.2	13.0	7.90	21.2	YES	201	
11	0.600	129	77.4	13.0	7.90	20.7	YES	201	
12	0.500	129	64.5	13.0	7.80	19.8	YES	204	
13	0.600	129	77.4	14.0	7.80	18.7	YES	199	
14	Off	129	Off	13.0	7.80	Off	Off	Off	Plant Off
15	0.700	129	90.3	13.0	7.80	20.2	YES	202	
16	1.000	129	129.0	13.0	7.80	20.9	YES	202	
17	Off	129	Off	13.0	7.80	Off	Off	Off	Plant Off
18	0.800	129	103.2	13.0	7.80	20.4	YES	203	
19	1.200	129	154.8	13.0	7.80	21.4	YES	202	
20	Off	129	Off	13.0	7.80	Off	Off	Off	Plant Off
21	0.800	129	103.2	13.0	7.80	20.4	YES	201	
22	0.800	129	103.2	13.0	7.90	21.2	YES	202	
23	Off	129	Off	12.0	7.80	Off	Off	Off	Plant Off
24	1.100	129	141.9	12.0	7.90	23.5	YES	201	
25	1.000	129	129.0	12.0	7.80	22.4	YES	203	
26	Off	129	Off	12.0	7.80	Off	Off	Off	Plant Off
27	0.600	129	77.4	12.0	7.80	21.4	YES	201	
28	0.700	129	90.3	12.0	7.80	21.6	YES	203	
29	Off	129	Off	11.0	7.80	Off	Off	Off	Plant Off
30	0.500	129	64.5	11.0	7.80	22.6	YES	202	
31	Off	129	Off	11.0	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