

OHA - DWS

Membrane Filter Monthly Operating Report

County: Tillamookj

System Name: Neskowin Regional Water District

Month/Year: Dec-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

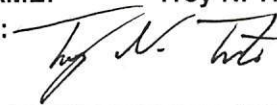
4.00

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	0.014	0.01378	0.014	0.40	4.24	Y
2	0.013	0.01334	0.013	0.40	4.21	Y
3	Off	Off	Off	Off	Off	Off
4	0.015	0.01459	0.015	0.42	4.21	Y
5	Off	Off	Off	Off	Off	Off
6	0.014	0.01443	0.014	0.40	4.13	Y
7	0.014	0.01414	0.014	0.40	4.14	Y
8	0.013	0.01349	0.013	0.40	4.24	Y
9	0.013	0.01329	0.013	0.40	4.25	Y
10	Off	Off	Off	Off	Off	Off
11	0.014	0.01383	0.014	0.40	4.14	Y
12	0.013	0.01323	0.013	0.40	4.14	Y
13	Off	Off	Off	Off	Off	Off
14	0.013	0.01329	0.013	0.40	4.24	Y
15	0.013	0.01314	0.013	0.43	4.29	Y
16	Off	Off	Off	Off	Off	Off
17	0.013	0.01318	0.013	0.40	4.28	Y
18	0.013	0.01311	0.013	0.41	4.29	Y
19	Off	Off	Off	Off	Off	Off
20	0.013	0.01321	0.013	0.38	4.28	Y
21	0.013	0.01327	0.013	0.38	4.31	Y
22	Off	Off	Off	Off	4.32	Off
23	Off	Off	Off	Off	Off	Off
24	0.013	0.01311	0.013	0.40	4.29	Y
25	0.013	0.01309	0.013	0.42	4.28	Y
26	Off	Off	Off	Off	Off	Off
27	0.017	0.02391	0.024	0.40	4.27	Y
28	0.013	0.01325	0.013	0.41	4.27	Y
29	Off	Off	Off	Off	Off	Off
30	0.013	0.0134	0.013	0.41	4.26	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]	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: 1/3/2024
 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	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	8.0	8.10	31.1	YES	202	
2	0.900	129	116.1	10.0	8.00	27.1	YES	202	
3	Off	129	Off	9.0	8.00	Off	Off	Off	Plant Off
4	1.000	129	129.0	10.0	8.00	27.5	YES	208	
5	Off	129	Off	9.0	8.00	Off	Off	Off	Plant Off
6	1.000	129	129.0	9.0	8.00	29.4	YES	202	
7	0.600	129	77.4	9.0	8.00	28.1	YES	202	
8	1.000	129	129.0	10.0	8.00	27.5	YES	202	
9	1.600	129	206.4	9.0	8.00	31.5	YES	202	
10	Off	129	Off	9.0	8.00	Off	Off	Off	Plant Off
11	1.400	129	180.6	9.0	8.00	30.8	YES	204	
12	1.500	129	193.5	9.0	8.00	31.1	YES	201	
13	Off	129	Off	9.0	8.00	Off	Off	Off	Plant Off
14	1.300	129	167.7	9.0	8.00	30.4	YES	202	
15	1.200	129	154.8	9.0	8.00	30.1	YES	202	
16	Off	129	Off	9.0	8.00	Off	Off	Off	Plant Off
17	1.100	129	141.9	9.0	8.00	29.7	YES	202	
18	1.000	129	129.0	9.0	8.00	29.4	YES	202	
19	1.000	129	129.0	9.0	8.00	29.4	YES	Off	Plant Off
20	1.000	129	129.0	9.0	8.00	29.4	YES	201	
21	1.000	129	129.0	9.0	8.00	29.4	YES	205	
22	Off	129	Off	9.0	8.00	Off	Off	Off	Plant Off
23	Off	129	Off	9.0	8.00	Off	Off	Off	Plant Off
24	0.900	129	116.1	8.0	8.00	31.1	YES	202	
25	1.000	129	129.0	9.0	8.00	29.4	YES	201	
26	Off	129	Off	9.0	8.00	Off	Off	Off	Plant Off
27	0.800	129	103.2	9.0	8.00	28.7	YES	204	
28	0.700	129	90.3	9.0	8.00	28.4	YES	202	
29	Off	129	Off	9.0	8.00	Off	Off	Off	Plant Off
30	0.800	129	103.2	9.0	8.00	28.7	YES	202	
31	Off	129	Off	9.0	8.00	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