

# OHA - DWS

## Membrane Filter Monthly Operating Report

County: Tillamookj

System Name: Neskowin Regional Water District

Month/Year: Jan-2024

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

PDR<sub>Max</sub> [<sup>psi</sup>/<sub>min</sub>]

LRC [log removal]

DIT  
Daily

LRC = Log Removal Credit

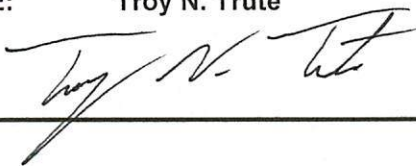
0.910

4.00

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	Off	Off	Off	Off	Off	Off
2	0.013	0.01333	0.013	0.40	4.12	Y
3	0.013	0.01301	0.013	0.40	4.33	Y
4	Off	Off	Off	Off	Off	Off
5	0.013	0.01298	0.013	0.40	4.33	Y
6	0.013	0.0131	0.013	0.40	4.33	Y
7	Off	Off	Off	Off	Off	Off
8	0.013	0.0129	0.013	0.43	4.30	Y
9	Off	Off	Off	Off	Off	Off
10	Off	Off	Off	Off	Off	Off
11	0.013	0.01282	0.013	0.40	4.30	Y
12	0.013	0.01282	0.013	0.40	4.30	Y
13	Off	Off	Off	Off	Off	Off
14	Off	Off	Off	Off	Off	Off
15	0.013	0.01296	0.013	0.37	4.37	Y
16	0.013	0.01308	0.013	0.40	4.37	Y
17	0.013	0.01309	0.013	0.42	4.38	Y
18	0.013	0.01312	0.013	0.40	4.32	Y
19	0.013	0.013	0.013	0.40	4.32	Y
20	0.013	0.01292	0.013	0.41	4.35	Y
21	Off	Off	Off	Off	Off	Off
22	0.013	0.01298	0.013	0.40	4.34	Y
23	0.013	0.01294	0.013	0.42	4.34	Y
24	Off	Off	Off	Off	Off	Off
25	0.013	0.01312	0.013	0.41	4.33	Y
26	0.013	0.01305	0.013	0.41	4.32	Y
27	Off	Off	Off	Off	Off	Off
28	Off	Off	Off	Off	Off	Off
29	0.013	0.01314	0.013	0.41	4.16	Y
30	0.013	0.0134	0.013	0.41	4.05	Y
31	0.013	0.01338	0.013	0.41	4.34	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 <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: Troy N. Trute      DATE: 2/2/2024  
 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 - 00970

0.5

↩ Log  
Inactivation  
Required via  
Disinfection

Plant ID : WTP - A

Day	Minimum Cl <sub>2</sub> Residual at 1 <sup>st</sup> User ( C ) * [ <sup>mg</sup> /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	9.0	8.00	Off	Off	Off	Plant Off
2	0.800	129	103.2	9.0	8.00	28.7	YES	205	
3	0.800	129	103.2	9.0	8.00	28.7	YES	202	
4	Off	129	Off	9.0	8.00	Off	Off	Off	Plant Off
5	0.800	129	103.2	9.0	8.00	28.7	YES	202	
6	0.800	129	103.2	9.0	8.00	28.7	YES	200	
7	Off	129	Off	9.0	8.00	Off	Off	Off	Plant Off
8	0.700	129	90.3	9.0	8.00	28.4	YES	202	
9	Off	129	Off	9.0	8.00	Off	Off	Off	Plant Off
10	Off	129	Off	8.0	8.00	Off	Off	Off	Plant Off
11	0.800	129	103.2	8.0	8.00	30.7	YES	204	
12	0.700	129	90.3	9.0	8.00	28.4	YES	203	
13	Off	129	Off	8.0	8.00	Off	Off	Off	Plant Off
14	Off	129	Off	8.0	8.00	Off	Off	Off	Plant Off
15	0.800	129	103.2	8.0	7.90	29.6	YES	203	
16	1.000	129	129.0	7.0	8.00	33.7	YES	202	
17	1.000	129	129.0	8.0	8.00	31.4	YES	202	
18	1.000	129	129.0	8.0	8.00	31.4	YES	202	
19	1.000	129	129.0	7.0	8.00	33.7	YES	202	
20	0.600	129	77.4	8.0	8.00	30.0	YES	202	
21	Off	129	Off	8.0	8.00	Off	Off	Off	Plant Off
22	0.900	129	116.1	8.0	8.00	31.1	YES	201	
23	0.900	129	116.1	8.0	8.00	31.1	YES	207	
24	Off	129	Off	9.0	8.00	Off	Off	Off	Plant Off
25	0.700	129	90.3	9.0	8.00	28.4	YES	206	
26	0.700	129	90.3	8.0	8.00	30.4	YES	201	
27	Off	129	Off	9.0	8.00	Off	Off	Off	Plant Off
28	Off	129	Off	9.0	8.00	Off	Off	Off	Plant Off
29	0.800	129	103.2	9.0	8.00	28.7	YES	202	
30	0.800	129	103.2	9.0	8.00	28.7	YES	203	
31	0.700	129	90.3	10.0	8.00	26.5	YES	203	

\* If chlorine concentration at entry point < 0.2 <sup>mg</sup>/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