

OHA - DWS

Membrane Filter Monthly Operating Report

County: Tillamookj

System Name: Neskowin Regional Water District

Month/Year: Apr-2024

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

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	0.012	0.01262	0.013	0.41	4.37	Y
2	0.012	0.01236	0.012	0.41	4.38	Y
3	Off	Off	Off	Off	Off	Off
4	Off	Off	Off	Off	Off	Off
5	0.013	0.01354	0.014	0.40	4.38	Y
6	Off	Off	Off	Off	Off	Off
7	Off	Off	Off	Off	Off	Off
8	0.012	0.01261	0.013	0.41	4.35	Y
9	Off	Off	Off	Off	Off	Off
10	Off	Off	Off	Off	Off	Off
11	0.012	0.01253	0.013	0.41	4.35	Y
12	0.012	0.01236	0.012	0.41	4.35	Y
13	Off	Off	Off	Off	Off	Off
14	0.013	0.01288	0.013	0.41	4.35	Y
15	0.012	0.0125	0.013	0.41	4.35	Y
16	Off	Off	Off	Off	Off	Off
17	Off	Off	Off	Off	Off	Off
18	0.013	0.01258	0.013	0.41	4.36	Y
19	Off	Off	Off	Off	Off	Off
20	Off	Off	Off	Off	Off	Off
21	0.013	0.01299	0.013	0.41	4.35	Y
22	0.013	0.01261	0.013	0.41	4.35	Y
23	Off	Off	Off	Off	Off	Off
24	0.013	0.01255	0.013	0.41	4.35	Y
25	0.013	0.01282	0.013	0.41	4.31	Y
26	0.014	0.01449	0.014	0.41	4.29	Y
27	0.013	0.01368	0.014	0.39	4.29	Y
28	0.013	0.01346	0.013	0.39	4.29	Y
29	0.013	0.01324	0.013	0.41	4.29	Y
30	0.013	0.0142	0.014	0.41	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?	
No	Yes	Yes	Yes	

PRINTED NAME: Troy N. Trute DATE: 5/2/2024
 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 - 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	0.800	129	103.2	9.0	8.00	28.7	YES	202	
2	0.800	129	103.2	9.0	8.00	28.7	YES	202	
3	Off	129	Off	9.0	8.00	Off	Off	Off	Plant Off
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	201	
6	Off	129	Off	9.0	8.00	Off	Off	Off	Plant Off
7	Off	129	Off	9.0	8.00	Off	Off	Off	Plant Off
8	0.800	129	103.2	9.0	8.00	28.7	YES	202	
9	Off	129	Off	9.0	8.00	Off	Off	Off	Plant Off
10	Off	129	Off	9.0	8.00	Off	Off	Off	Plant Off
11	0.900	129	116.1	9.0	8.00	29.0	YES	202	
12	0.900	129	116.1	9.0	8.00	29.0	YES	202	
13	Off	129	Off	9.0	8.00	Off	Off	Off	Plant Off
14	0.800	129	103.2	9.0	8.00	28.7	YES	201	
15	0.900	129	116.1	9.0	8.00	29.0	YES	202	
16	Off	129	Off	9.0	8.00	Off	Off	Off	Plant Off
17	Off	129	Off	9.0	8.00	Off	Off	Off	Plant Off
18	1.000	129	129.0	9.0	8.00	29.4	YES	204	
19	Off	129	Off	9.0	8.00	Off	Off	Off	Plant Off
20	Off	129	Off	9.0	8.00	Off	Off	Off	Plant Off
21	0.900	129	116.1	9.0	8.00	29.0	YES	203	
22	0.900	129	116.1	9.0	8.00	29.0	YES	200	
23	Off	129	Off	9.0	8.00	Off	Off	Off	Plant Off
24	0.800	129	103.2	9.0	8.00	28.7	YES	201	
25	0.900	129	116.1	9.0	8.00	29.0	YES	201	
26	0.900	129	116.1	9.0	8.00	29.0	YES	201	
27	0.850	129	109.7	9.0	8.00	28.9	YES	202	
28	0.800	129	103.2	9.0	8.00	28.7	YES	201	
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	205	

* 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