

OHA - DWS

Membrane Filter Monthly Operating Report

County: **Lincoln**

System Name: **Trollers Cove Water Assoc.**

Month/Year: **May-2025**

PWS ID#: 41 - **05108**

Minimum test pressure **applied**: **??** psi

Plant ID: WTP - **A**

Minimum test pressure **req'd**: **16.5** psi

(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 minutes)	PDR _{Max} [psi/min]	LRC [log removal]	DIT Daily
				0.099	4.00	
1	0.005	0.005	0.005	0.096		Y
2	0.007	0.007	0.007	0.096		Y
3	0.005	0.005	0.005	0.096		Y
4	3.372	3.372	3.372	0.096		Y
5	0.004	0.004	0.004	0.096		Y
6	0.005	0.005	0.005	0.096		Y
7	0.005	0.005	0.005	0.096		Y
8	0.005	0.005	0.096	0.096		Y
9	0.005	0.005	0.005	0.096		Y
10	0.006	0.006	0.006	0.096		Y
11	0.005	0.005	0.005	0.096		Y
12	0.005	0.005	0.005	0.096		Y
13	0.004	0.004	0.004	0.096		Y
14	0.005	0.005	0.005	0.096		Y
15	0.006	0.006	0.006	0.096		Y
16	0.005	0.005	0.005	0.096		Y
17	0.005	0.005	0.005	0.096		Y
18	0.005	0.005	0.005	0.096		Y
19	0.004	0.004	0.004	0.096		Y
20	0.005	0.005	0.005	0.096		Y
21	0.004	0.004	0.004	0.096		Y
22	0.007	0.007	0.007	0.096		Y
23	0.005	0.005	0.005	0.096		Y
24	0.005	0.005	0.005	0.096		Y
25	0.005	0.005	0.005	0.096		Y
26	0.005	0.005	0.005	0.096		Y
27	0.005	0.005	0.005	0.096		Y
28	0.005	0.005	0.005	0.096		Y
29	0.005	0.005	0.005	0.096		Y
30	0.005	0.005	0.005	0.096		Y
31	0.005	0.005	0.005	0.096		

Compliance summary (operator to complete any blank fields)

95% of daily turbidity readings ≤ 1 NTU? [Y/]	All turbidity readings ≤ 5 NTU? [Y/]	All IFE turbidity readings ≤ 0.15 NTU? [Y/]	Performance std met? [Y/N] (PDR ≤ PDR _{Max} , LRV ≥ LRC)	DIT Daily?
Yes	Yes	No	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		

PRINTED NAME: Dave Huber **DATE:** 6/5/2025
SIGNATURE: **WT CERT #:** D129526
Notes: Water served to customers in May 2025. Boil water notice in effect 5/1/25 - 5/31/25. **PHONE #:** 541-272-0711

Disinfection Monthly Operating ReportSystem Name: **Trollers Cove Water Assoc.**PWS ID#: 41 - **05108**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	0.700	40	28.0	11.0	7.89	23.9	YES	20	
2	0.700	40	28.0	11.0	7.90	23.9	YES	20	
3	1.000	40	40.0	10.0	7.96	27.1	YES	20	
4	0.700	40	28.0	10.0	8.53	32.1	NO	20	Plant Stop Mode
5	0.800	40	32.0	10.9	8.53	30.6	YES	20	Remote reset backwash trigger
6	0.800	40	32.0	11.1	8.52	30.0	YES	20	
7	0.300	40	12.0	11.0	8.53	28.6	NO	20	
8	0.700	40	28.0	10.9	8.53	30.2	NO	20	
9	0.700	40	28.0	11.0	8.53	30.0	NO	20	
10	0.600	40	24.0	11.0	7.90	23.7	YES	20	
11	0.600	40	24.0	11.0	8.40	28.3	NO	20	
12	0.600	40	24.0	10.9	8.54	30.0	NO	20	
13	0.510	40	20.4	10.9	8.54	29.7	NO	20	
14	0.300	40	12.0	10.8	8.54	29.1	NO	20	
15	0.300	40	12.0	10.9	8.54	28.9	NO	20	
16	0.500	40	20.0	10.9	8.56	29.8	NO	20	Calib Halogen
17	0.400	40	16.0	10.9	8.54	29.3	NO	20	Adj dose+1
18	0.200	40	8.0	10.0	8.54	30.4	NO	20	Adjus Dose+2
19	0.200	40	8.0	10.8	6.96	16.6	NO	20	
20	0.200	40	8.0	11.1	6.95	16.2	NO	20	Adj Dose +2
21	0.300	40	12.0	10.8	6.95	16.7	NO	20	Changed batch
22	1.000	40	40.0	10.8	6.97	18.1	YES	20	Adj Dose +
23	0.500	40	20.0	10.5	6.97	17.5	YES	20	Adj Dose +
24	0.700	40	28.0	10.8	6.98	17.6	YES	20	Calibrate Hal
25	0.500	40	20.0	10.9	6.98	17.1	YES	20	
26	0.800	40	32.0	11.0	7.02	17.8	YES	20	Adjust Dose
27	0.600	40	24.0	11.0	6.99	17.2	YES	20	OAUW Jason
28	1.000	40	40.0	11.1	6.99	17.9	YES	20	
29	1.200	40	48.0	11.6	7.00	17.8	YES	20	
30	1.200	40	48.0	11.5	7.01	18.0	YES	20	
31	1.000	40	40.0	11.8	7.01	17.2	YES	20	Cal Halogen

* 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

p. 2 of 2