OHA - DWS

Membrane Filter Monthly Operating Report

County: **Lincoln County**

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

Month/Year: **Aug-2025**

PWS ID#: 41 - **05108**

Minimum test pressure **applied**: **22.48** psi

Plant ID: WTP - **Comp. Aug '25** *(e.g., "A")*

Minimum test pressure **req'd**: **22** psi

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]
9.990	**4.00**

Day	CFE Daily Turbidity [NTU]	Highest CFE♣ [NTU]	Highest IFE [NTU] (>15 minutes)	Highest PDR of day [$^{psi}/_{min}$]	Lowest $LRV_{ambient}$ of day [log removal]	DIT Daily [Y/N] or "off"
1		0.007	0.007	0.105		y
2		0.007	0.007	0.105		y
3		0.007	0.007	0.105		y
4		0.007	0.007	0.105		y
5		0.007	0.007	0.105		y
6		0.007	0.007	0.105		y
7		0.007	0.007	0.105		y
8		0.007	0.007	0.105		y
9		0.007	0.007	0.105		y
10		0.007	0.007	0.105		y
11		0.007	0.007	0.105		y
12		0.007	0.007	0.105		y
13		0.007	0.007	0.105		y
14		0.007	0.007	0.105		y
15		0.007	0.007	0.105		y
16		0.007	0.007	0.105		y
17		0.007	0.007	0.105		y
18		0.007	0.007	0.105		y
19		0.007	0.007	0.105		y
20		0.007	0.007	0.105		y
21		0.007	0.007	0.105		y
22		0.007	0.007	0.105		y
23		0.007	0.007	0.105		y
24		0.008	0.008	0.105		y
25		0.008	0.008	0.105		y
26		0.007	0.007	0.105		y
27		0.007	0.007	0.105		y
28		0.007	0.007	0.105		y
29		0.007	0.007	0.105		y
30		0.007	0.007	0.105		y
31		0.007	0.007	0.105		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**	**y**	**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**	

PRINTED NAME: **Dave Huber** **DATE:** Oct. 14, 2025

SIGNATURE: **WT CERT #:** **D-129526**

Notes: **PHONE #:** **541-272-0711**

♣ *Used for optimization purposes only.*

OHA-DWS

Disinfection Monthly Operating Report

System Name: **Trollers Cove Water Association**

PWS ID#: 41 - **_05108**

Plant ID : WTP - **Comp Aug '25**

0.5 ⇦ Log Inactivation Required via

Day	Minimum Cl_2 Residual at 1st 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	1.960	40	78.4	13.2	7.89	23.8	YES	20	
2	1.920	40	76.8	13.6	7.60	20.7	YES	20	
3	1.730	40	69.2	13.3	7.61	20.8	YES	20	
4	1.700	40	68.0	12.6	7.61	21.7	YES	20	
5	1.800	40	72.0	13.1	7.61	21.2	YES	20	
6	1.650	40	66.0	13.1	7.61	20.9	YES	20	
7	1.420	40	115.6	13.3	7.61	20.0	YES	20	
8	1.470	40	58.8	13.1	7.62	20.5	YES	20	
9	1.670	40	66.8	13.2	7.62	20.8	YES	20	
10	1.350	40	54.0	13.6	7.63	19.6	YES	20	
11	1.390	40	55.6	14.6	7.63	18.5	YES	20	
12	1.340	40	53.6	14.6	7.63	18.4	YES	20	
13	1.340	40	53.6	14.6	7.64	18.4	YES	20	
14	1.330	40	53.2	14.7	7.64	18.3	YES	20	
15	1.600	40	64.0	14.6	7.65	19.0	YES	20	
16	1.360	40	54.4	14.7	7.64	18.3	YES	20	
17	1.400	40	56.0	14.5	7.64	18.7	YES	20	
18	1.330	40	53.2	14.3	7.65	18.8	YES	20	
19	2.050	40	82.0	13.7	7.66	21.4	YES	20	
20	2.170	40	86.8	13.8	7.67	21.6	YES	20	
21	1.870	40	74.8	12.8	7.67	22.3	YES	20	
22	1.890	40	75.6	13.9	7.67	20.8	YES	20	
23	1.700	40	68.0	14.2	7.67	19.9	YES	20	
24	1.960	40	78.4	14.2	8.21	25.0	YES	20	
25	2.020	40	80.8	14.4	8.23	25.1	YES	20	
26	2.040	40	81.6	14.4	8.24	25.2	YES	20	
27	1.860	40	74.4	14.4	8.24	24.7	YES	20	
28	1.200	40	48.0	14.3	8.26	23.2	YES	20	
29	1.880	40	75.2	14.3	8.27	25.2	YES	20	
30	2.120	40	84.8	14.0	8.27	26.4	YES	20	
31	1.470	40	58.8	14.0	8.26	24.4	YES	20	

♦ 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