Membrane Filter Monthly Operating Report

County: **Lincoln**

System Name: **Trollers Cove Water Assoc.** Month/Year: **Sept. 2025**

PWS ID#: 41 - **05108** Minimum test pressure **applied**: **22.48** psi

Plant ID: WTP - **Compliance Sept. '25** Minimum test pressure **req'd**: **22** 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

PDR_{Max} [$^{psi}/_{min}$]	LRC [log removal]
0.990	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	0.007	0.105		Y
2		0.006	0.006	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		0.006	0.006	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		0.008	0.008	0.105		Y
17		0.008	0.008	0.105		y
18		0.007	0.007	0.105		Y
19		0.007	0.007	0.105		Y
20		0.008	0.008	0.105		Y
21		0.007	0.007	0.105		Y
22		0.006	0.006	0.105		Y
23		0.006	0.006	0.105		Y
24		0.007	0.007	0.105		Y
25		0.006	0.006	0.105		Y
26		0.006	0.006	0.105		Y
27		0.007	0.007	0.105		Y
28		0.11	0.110	0.005		Y
29		0.006	0.006	0.105		Y
30		0.006	0.006	0.105		Y
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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] ($PDR \le PDR_{Max}$, $LRV \ge LRC$)	DIT Daily?
Yes	**Yes**	**Yes**	**Yes**	**Yes**

CT's met daily? (p. 2)	All Cl_2 residual at EP ≥ 0.2 $^{mg}/_{L}$?	$PDR \le PDR_{Max}$?	$LRV_{ambient} \ge LRC$?
Yes	**Yes**	**Yes**	

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

SIGNATURE: **WT CERT #:** **D129526**

9/28 coincided with power outage **PHONE #:** **541-272-0711**

♣ *Used for optimization purposes only.*

Disinfection Monthly Operating Report

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

PWS ID#: 41 - **05108**

Plant ID : WTP - **Compliance Sept**

0.5 ⇦ Log Inactivation Required via Disinfection

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	1.200	40	48.0	13.6	8.28	24.5	YES	20	
2	2.080	40	83.2	13.7	8.24	26.5	YES	20	
3	1.940	40	77.6	13.9	8.30	26.3	YES	20	
4	1.750	40	70.0	13.9	8.30	25.8	YES	20	
5	1.870	40	74.8	14.1	8.32	26.0	YES	20	
6	1.820	40	72.8	13.8	8.33	26.4	YES	20	
7	1.700	40	68.0	14.0	8.30	25.5	YES	20	
8	1.740	40	69.6	14.2	8.28	25.1	YES	20	
9	1.470	40	58.8	14.0	8.30	24.8	YES	20	
10	1.690	40	67.6	13.9	8.30	25.6	YES	20	
11	1.560	40	62.4	14.2	8.30	24.7	YES	20	
12	1.690	40	67.6	13.7	8.31	26.0	YES	20	
13	1.440	40	57.6	14.1	8.31	24.7	YES	20	
14	1.330	40	53.2	14.1	8.30	24.3	YES	20	
15	1.020	40	40.8	14.1	8.27	23.2	YES	20	
16	1.400	40	56.0	13.5	8.29	25.3	YES	20	
17	1.450	40	58.0	13.9	8.31	25.0	YES	20	
18	2.480	40	99.2	13.8	8.39	29.1	YES	20	
19	2.290	40	91.6	13.5	8.40	29.2	YES	20	
20	1.930	40	77.2	13.3	8.43	28.7	YES	20	
21	2.240	40	89.6	13.2	8.42	29.8	YES	20	
22	1.790	40	71.6	13.3	8.41	28.0	YES	20	
23	1.920	40	76.8	13.0	8.41	29.0	YES	20	
24	2.020	40	80.8	13.3	8.40	28.7	YES	20	
25	2.090	40	83.6	13.1	8.44	29.7	YES	20	
26	2.150	40	86.0	12.9	8.44	30.3	YES	20	
27	1.850	40	74.0	12.5	8.46	30.3	YES	20	
28	1.640	40	65.6	12.8	8.46	29.0	YES	20	Power outage
29	1.750	40	70.0	12.8	8.46	29.4	YES	20	
30	1.440	40	57.6	12.9	8.46	28.2	YES	20	
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♦ 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