OHA - DWS

Membrane Filter Monthly Operating Report

County: **Lincoln**

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

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

Plant ID: WTP - **NOVEMBER Compliance** 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 | PDR_{Max} [$^{psi}/_{min}$] | LRC [log removal] | DIT Daily

LRC = Log Removal Credit | 0.099 | 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]	[Y/N] or "off"
1		0.007	0.007	0.068		
2		0.006	0.006	0.068		
3		0.006	0.006	0.068		
4		0.006	0.006	0.068		
5		0.006	0.006	0.068		
6		0.006	0.006	0.068		
7		0.007	0.007	0.068		
8		0.006	0.006	0.068		
9		0.006	0.006	0.068		
10		0.006	0.006	0.068		
11		0.006	0.006	0.068		
12		0.006	0.006	0.068		
13		0.007	0.007	0.068		
14		0.006	0.006	0.068		
15		0.007	0.007	0.068		
16		0.007	0.007	0.068		
17		0.006	0.006	0.068		
18		0.006	0.006	0.070		
19		0.006	0.006	0.070		
20		0.006	0.006	0.070		
21		0.006	0.006	0.067		
22		0.006	0.006	0.067		
23		0.006	0.006	0.067		
24		0.006	0.006	0.068		
25		0.006	0.006	0.067		
26		0.006	0.006	0.067		
27		0.006	0.006	0.067		
28		0.007	0.007	0.067		
29		0.006	0.006	0.065		
30		0.006	0.006	0.064		
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Compliance summary (operator to complete any blank fields)

Yes	Yes	All IFE turbidity readings ≤ 0.15 NTU? [Y/N]	Performance std met? [Y/N] (PDR ≤ PDR_{Max}, LRV ≥ LRC)	DIT Daily?
		Yes	Yes	Y

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:** 7-Dec-25

SIGNATURE: **WT CERT #:** D129526

Revised 10/1/2024

♠ *Used for optimization purposes only.*

Disinfection Monthly Operating Report

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

PWS ID#: 41 - **05108**

Plant ID : WTP - **NOVEMBER Comp**

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	1.610	40	64.4	10.6	8.58	34.9	YES	20	Chem Clean
2	1.600	40	64.0	11.2	8.49	32.4	YES	20	
3	1.220	40	48.8	11.1	8.54	31.8	YES	20	
4	0.930	40	37.2	10.9	8.53	31.0	YES	20	
5	0.740	40	29.6	11.2	8.50	29.4	YES	20	
6	0.900	40	36.0	11.2	8.51	30.1	YES	20	
7	1.050	40	42.0	11.5	8.49	29.8	YES	20	
8	1.290	40	51.6	11.2	8.52	31.6	YES	20	
9	1.700	40	68.0	10.8	8.59	34.9	YES	20	
10	2.300	40	92.0	11.0	8.59	37.0	YES	20	
11	2.700	40	108.0	11.1	8.60	38.7	YES	20	
12	1.700	40	68.0	11.3	8.63	34.3	YES	20	
13	1.600	40	64.0	11.3	8.07	27.7	YES	20	
14	1.520	40	60.8	11.5	8.65	33.3	YES	20	
15	1.540	40	61.6	11.3	8.67	34.1	YES	20	
16	1.600	40	64.0	11.9	8.67	33.0	YES	20	
17	1.230	40	49.2	11.3	8.69	33.1	YES	20	
18	1.240	40	49.6	10.7	8.69	34.6	YES	20	
19	1.590	40	63.6	9.8	8.72	38.8	YES	20	
20	1.400	40	56.0	9.8	8.72	37.9	YES	20	
21	1.940	40	77.6	9.8	9.72	58.6	YES	20	
22	1.790	40	71.6	8.8	9.72	61.9	YES	20	
23	2.750	40	110.0	9.7	9.70	64.6	YES	20	
24	1.140	40	45.6	9.8	8.70	36.5	YES	20	
25	1.100	40	44.0	9.8	8.75	37.0	YES	20	
26	0.970	40	38.8	9.7	8.73	36.4	YES	20	
27	1.400	40	56.0	9.9	8.73	37.8	YES	20	
28	1.640	40	65.6	10.7	8.73	36.8	YES	20	
29	1.960	40	78.4	10.8	8.76	38.3	YES	20	
30	2.300	40	92.0	10.7	8.77	40.3	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

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