

# OHA - DWS

## Membrane Filter Monthly Operating Report

County: Lincoln

System Name: Trollers Cove Water Assoc.

Month/Year: FEBRUARY '26

PWS ID#: 41 - 05108

Minimum test pressure applied: 22.48 psi

Plant ID: WTP - Compliance  
(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 <sub>Max</sub> [ <sup>psi</sup> / <sub>min</sub> ]	LRC [log removal]
<b>0.196</b>	<b>4.00</b>

**DIT  
Daily**

Day	CFE Daily Turbidity [NTU]	Highest CFE* [NTU]	Highest IFE [NTU] (>15 minutes)	Highest PDR of day [ <sup>psi</sup> / <sub>min</sub> ]	Lowest LRV <sub>ambient</sub> of day [log removal]	[Y/N] or "off"
1	0.006	0.006	0.006	0.387		N
2	0.007	0.007	0.007	0.387		N
3	0.007	0.007	0.007	0.387		N
4	0.008	0.008	0.008	0.387		N
5	0.006	0.006	0.006	0.387		N
6	0.006	0.006	0.006	0.387		N
7	0.006	0.006	0.006	0.387		N
8	0.006	0.006	0.006	0.387		N
9	0.005	0.005	0.005	0.387		N
10	0.005	0.005	0.005	0.387		N
11	0.005	0.005	0.005	0.387		N
12	0.005	0.005	0.005	0.154		Y
13	0.005	0.005	0.005	0.154		Y
14	0.006	0.006	0.006	0.154		Y
15	0.005	0.005	0.005	0.154		Y
16	0.005	0.005	0.005	0.154		Y
17	0.005	0.005	0.005	0.144		Y
18	0.006	0.006	0.006	0.154		Y
19	0.006	0.006	0.006	0.154		Y
20	0.006	0.006	0.006	0.154		Y
21	0.005	0.005	0.005	0.154		Y
22	0.005	0.005	0.005	0.154		Y
23	0.005	0.005	0.005	0.154		Y
24	0.006	0.006	0.006	0.154		Y
25	0.006	0.006	0.006	0.154		Y
26	0.005	0.005	0.005	0.144		Y
27	0.004	0.004	0.004	0.144		Y
28	0.110	0.11	0.110	0.144		Y
29						
30						
31						

**Compliance summary (operator to complete any blank fields)**

95% of daily turbidity readings ≤ 1 NTU? [Y/N] <b>Yes</b>	All turbidity readings ≤ 5 NTU? [Y/N] <b>Yes</b>	All IFE turbidity readings ≤ 0.15 NTU? [Y/N] <b>Yes</b>	Performance std met? [Y/N] (PDR ≤ PDR <sub>Max</sub> , LRV ≥ LRC) <b>No</b>	DIT Daily? <b>No</b>
CT's met daily? (p. 2) <b>Yes</b>	All Cl <sub>2</sub> residual at EP ≥ 0.2 mg/L? <b>Yes</b>	PDR ≤ PDR <sub>Max</sub> ? <b>No</b>	LRV <sub>ambient</sub> ≥ LRC?	

**PRINTED NA Dave Huber**  
**SIGNATURE:**

**DATE:** March 10, 2026  
**WT CERT #:** D129526

\* Used for optimization purposes only.

**Disinfection Monthly Operating Report**System Name: **Trollers Cove Water Assoc.**PWS ID#: 41 - **05108****0.5**Log  
Inactivation  
Required via  
DisinfectionPlant ID : WTP - **Compliance**

Day	Minimum Cl <sub>2</sub> Residual at 1 <sup>st</sup> 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	1.240	40	49.6	10.0	9.50	48.9	YES	20	
2	1.220	40	48.8	10.2	9.00	40.0	YES	20	
3	1.220	40	48.8	10.0	9.00	40.6	YES	20	
4	1.230	40	49.2	10.1	9.01	40.5	YES	20	
5	1.390	40	55.6	10.0	9.04	42.0	YES	20	
6	1.330	40	53.2	9.8	9.05	42.4	YES	20	
7	1.300	40	52.0	9.9	9.03	41.7	YES	20	
8	1.300	40	52.0	9.7	9.03	42.3	YES	20	
9	1.600	40	64.0	10.0	9.90	59.3	YES	20	
10	1.500	40	60.0	9.9	9.01	42.4	YES	20	
11	1.400	40	56.0	9.4	9.01	43.4	YES	20	
12	1.550	40	62.0	8.6	9.05	47.4	YES	20	
13	1.510	40	60.4	8.5	9.07	47.8	YES	20	
14	1.410	40	56.4	8.8	9.06	46.1	YES	20	
15	1.150	40	46.0	8.8	9.07	44.9	YES	20	
16	1.170	40	46.8	8.9	9.09	45.0	YES	20	
17	1.200	40	48.0	8.9	9.10	45.3	YES	20	
18	1.200	40	48.0	8.7	9.07	45.4	YES	20	
19	1.200	40	48.0	8.7	9.04	44.9	YES	20	
20	1.190	40	47.6	8.7	9.03	44.7	YES	20	
21	1.110	40	44.4	8.7	9.03	44.3	YES	20	
22	1.180	40	47.2	8.7	9.05	45.0	YES	20	
23	1.120	40	44.8	8.8	9.05	44.4	YES	20	
24	1.100	40	44.0	9.0	9.01	43.0	YES	20	
25	1.100	40	44.0	9.0	9.01	43.0	YES	20	
26	1.310	40	52.4	8.9	9.04	44.9	YES	20	
27	2.630	40	105.2	8.7	9.12	54.9	YES	20	
28	2.200	40	88.0	8.5	9.10	52.5	YES	20	
29									
30									
31									

\* If chlorine concentration at entry point &lt; 0.2 mg/L, or CT not met, notify DWS within 24 hours.

**Submit this monthly report by the 10<sup>th</sup> of following month by**

mail: Drinking Water Services  
PO Box 14350  
Portland, OR 97293-0350

email: [dwp.dmce@odhsoha.oregon.gov](mailto:dwp.dmce@odhsoha.oregon.gov)

fax: 971-673-0458

p. 2 of 2