

OHA - DWS

Membrane Filter Monthly Operating Report

County: Tillamook

System Name: Oceanside Cape Meares

Month/Year: Apr-2024

PWS ID#: 41 - 00882

Minimum test pressure applied: 20.3 psi

Plant ID: WTP - A
(e.g., "A")

Minimum test pressure req'd: 18 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

Day	CFE Daily Turbidity [NTU]	Highest CFE* [NTU]	Highest IFE [NTU]	PDR _{Max} [psi/min]		LRC [log removal]	DIT Daily
				0.072	4.00		
				Highest PDR of day [psi/min]	Lowest LRV _{ambient} of day [log removal]		[Y/N] or "off"
1	0.011	0.011	0.011	0.03	4.40	Y	
2	0.011	0.011	0.011	0.05	4.12	Y	
3	0.011	0.011	0.011	0.05	4.28	Y	
4	0.011	0.011	0.011	0.02	4.54	Y	
5	0.000	0	0.000	0.03	4.36	Y	
6	0.011	0.011	0.011	0.03	4.38	Y	
7	0.011	0.011	0.011	0.02	4.40	Y	
8	0.011	0.011	0.011	0.03	4.31	Y	
9	0.011	0.011	0.011	0.03	4.46	Y	
10				0.05	4.18	Y	
11	0.012	0.012	0.012	0.02	4.54	Y	
12	0.011	0.011	0.011	0.02	4.48	Y	
13	0.011	0.011	0.011	0.05	4.07	Y	
14	0.012	0.014	0.014	0.02	4.41	Y	
15	0.012	0.012	0.012	0.02	4.44	Y	
16	0.000	0	0.000	0.03	4.37	Y	
17	0.011	0.012	0.012	0.05	7.24	Y	
18	0.000	0	0.000	0.02	4.40	Y	
19	0.012	0.013	0.013	0.02	4.39	Y	
20	0.000	0	0.000	0.02	4.69	Y	
21	0.012	0.012	0.012	0.02	4.64	Y	
22	0.011	0.011	0.011	0.02	4.63	Y	
23	0.011	0.011	0.011	0.04	4.23	Y	
24	0.012	0.012	0.012	0.03	4.33	Y	
25	0.011	0.011	0.011	0.02	4.63	Y	
26	0.000	0	0.000	0.02	4.56	Y	
27	0.011	0.011	0.011	0.02	4.41	Y	
28	0.011	0.012	0.012	0.03	4.36	Y	
29	0.012	0.012	0.012	0.04	4.12	Y	
30	0.011	0.011	0.011	0.02	4.44	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 ≤ PDR _{Max} , LRV ≥ 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 ≤ PDR _{Max} ?	LRV _{ambient} ≥ LRC?	
Yes	Yes	Yes	Yes	

PRINTED NAME: David L. Nordman

DATE: 5/7/2024

SIGNATURE: 

WT CERT #: T08918

Notes:

PHONE #: 503-842-6462

* Used for optimization purposes only.

OHA-DWS

Disinfection Monthly Operating Report

System Name: **Oceanside Cape Meares**

PWS ID#: 41 - **00882**

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	0.880	170	149.6	12.1	7.36	18.8	YES	100	
2	0.810	170	137.7	11.2	7.48	20.6	YES	100	
3	0.860	170	146.2	11.9	7.40	19.3	YES	100	
4	0.880	170	149.6	11.6	7.43	19.9	YES	100	
5	1.130	170	192.1	11.1	7.40	20.9	YES	100	Plant Off
6	0.890	170	151.3	11.3	7.42	20.3	YES	100	
7	0.890	170	151.3	11.4	7.49	20.6	YES	100	
8	0.860	170	146.2	11.4	7.29	19.2	YES	100	
9	0.860	170	146.2	11.7	7.37	19.3	YES	100	
10	0.920	170	156.4	10.7	7.51	21.8	YES	100	Plant Off
11	0.790	170	134.3	11.8	7.39	19.2	YES	100	
12	0.890	170	151.3	12.0	7.43	19.4	YES	100	
13	0.860	170	146.2	11.4	7.47	20.4	YES	100	
14	0.830	170	141.1	11.8	7.45	19.7	YES	100	
15	0.790	170	134.3	12.2	7.47	19.2	YES	100	
16	0.810	170	137.7	12.1	7.37	18.7	YES	100	Plant Off
17	0.820	170	139.4	11.6	7.62	21.1	YES	100	
18	0.780	170	132.6	11.7	7.63	21.0	YES	100	Plant Off
19	0.750	170	127.5	12.0	7.45	19.3	YES	100	
20	0.830	170	141.1	12.7	7.53	18.9	YES	100	Plant Off
21	0.780	170	132.6	12.4	7.37	18.3	YES	100	
22	0.770	170	130.9	12.7	7.35	17.6	YES	100	
23	0.890	170	151.3	13.3	7.20	16.2	YES	100	
24	0.840	170	142.8	12.7	7.44	18.3	YES	100	
25	0.830	170	141.1	12.0	7.46	19.5	YES	100	
26	0.760	170	129.2	12.4	7.45	18.8	YES	100	Plant Off
27	0.830	170	141.1	12.2	7.45	19.2	YES	100	
28	0.740	170	125.8	12.3	7.31	18.0	YES	100	
29	0.710	170	120.7	12.2	7.27	17.8	YES	100	
30	0.730	170	124.1	12.2	7.38	18.5	YES	100	
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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