

# OHA - DWS

## Membrane Filter Monthly Operating Report

County: **Lane**

System Name: **South Coast Water Co**

Month/Year: **Mar-2026**

PWS ID#: 41 - **00302**

Minimum test pressure **applied**: 17.8 psi

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

Minimum test pressure **req'd**: 17.8 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] (>15 min duration)	PDR <sub>Max</sub> [ <sup>psi</sup> / <sub>min</sub> ]	LRC [log removal]	DIT Daily
				0.140	4.00	
				Highest PDR of day [ <sup>psi</sup> / <sub>min</sub> ]	Lowest LRV <sub>ambient</sub> of day [log removal]	[Y/N] or "off"
1	0.024	0.031	0.031	0.14	4.00	Y
2	0.027	0.033	0.033	0.14	4.00	Y
3	0.029	0.042	0.042	0.14	4.00	Y
4	0.024	0.029	0.029	0.13	4.30	Y
5	0.024	0.033	0.033	0.13	4.00	Y
6	0.027	0.045	0.045	0.13	4.00	Y
7	0.028	0.031	0.031	0.14	4.00	Y
8	0.024	0.031	0.031	0.14	4.00	Y
9	0.024	0.031	0.031	0.14	4.00	Y
10	0.026	0.029	0.029	0.13	4.00	Y
11	0.026	0.031	0.031	0.13	4.00	Y
12	0.026	0.031	0.031	0.13	4.00	Y
13	0.024	0.030	0.030	0.13	4.00	Y
14	0.032	0.032	0.032	0.13	4.00	Y
15	0.027	0.030	0.030	0.13	4.00	Y
16	0.030	0.030	0.030	0.14	4.00	Y
17	0.027	0.050	0.050	0.14	4.00	Y
18	0.024	0.027	0.027	0.13	4.40	Y
19	0.030	0.030	0.030	0.14	4.00	Y
20	0.026	0.041	0.041	0.14	4.00	Y
21	0.040	0.040	0.040	0.14	4.00	Y
22	0.027	0.031	0.031	0.13	4.00	Y
23	0.026	0.026	0.026	0.13	4.00	Y
24	0.024	0.027	0.027	0.13	4.00	Y
25	0.025	0.029	0.029	0.13	4.00	Y
26	0.029	0.031	0.031	0.12	4.00	Y
27	0.024	0.032	0.032	0.12	4.00	Y
28	0.026	0.030	0.030	0.13	4.00	Y
29	0.024	0.027	0.027	0.13	4.00	Y
30	0.027	0.028	0.028	0.13	4.00	Y
31	0.026	0.031	0.031	0.13	4.00	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 <sub>Max</sub> , LRV ≥ LRC)	DIT Daily?
Yes	Yes	Yes	Yes	Yes
CT's met daily? (p. 2)	All Cl <sub>2</sub> residual at EP ≥ 0.2 mg/L?	PDR ≤ PDR <sub>Max</sub> ?	LRV <sub>ambient</sub> ≥ LRC?	
Yes	Yes	Yes	Yes	

**PRINTED NAME:** DANIEL REITZ      **DATE:** 4/8/2026  
**SIGNATURE:**       **WT CERT #:** 6528  
**Notes:**      **PHONE #:** 541-342-1718

\* Used for optimization purposes only.

# OHA-DWS

## Disinfection Monthly Operating Report

System Name: **South Coast Water Co**

Date: **Mar-2026**

PWS ID#: 41 - **00302**

**0.5**

↔ Log  
Inactivation  
Required via  
Disinfection

Plant ID : WTP - **A**

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	0.46	104	48.0	11.5	7.3	18.5	YES		
2	0.43	104	45.0	13.0	7.3	16.4	YES		
3	0.41	104	42.5	12.3	7.4	17.6	YES		
4	0.36	104	37.7	12.2	7.4	17.7	YES		
5	0.31	104	32.0	11.5	7.4	18.5	YES		
6	0.27	104	27.9	11.8	7.4	17.9	YES		
7	0.33	104	34.7	11.9	7.4	18.0	YES		
8	0.38	104	39.4	12.7	7.4	16.9	YES		
9	0.43	104	45.0	12.2	7.4	18.0	YES		
10	0.43	104	44.8	11.6	7.4	18.9	YES		
11	0.45	104	47.2	11.6	7.5	19.2	YES		
12	0.47	104	49.1	12.0	7.5	18.7	YES		
13	0.48	104	50.0	12.1	7.5	18.7	YES		
14	0.47	104	48.9	12.0	7.4	18.6	YES		
15	0.44	104	45.6	12.1	7.4	18.2	YES		
16	0.38	104	40.0	13.2	7.3	15.9	YES		
17	0.35	104	36.6	13.2	7.3	16.1	YES		
18	0.34	104	35.3	13.1	7.3	16.2	YES		
19	0.35	104	36.7	14.6	7.3	14.6	YES		
20	0.36	104	37.3	13.7	7.3	15.7	YES		
21	0.35	104	36.4	13.4	7.3	15.9	YES		
22	0.34	104	35.4	12.8	7.4	16.9	YES		
23	0.31	104	32.7	13.5	7.4	16.2	YES		
24	0.31	104	31.9	13.1	7.4	16.8	YES		
25	0.27	104	27.8	13.1	7.4	16.7	YES		
26	0.24	104	25.3	12.6	7.4	17.1	YES		
27	0.21	104	22.3	12.8	7.4	17.0	YES		
28	0.31	104	31.8	13.0	7.5	17.4	YES		
29	0.33	104	34.6	13.6	7.5	16.8	YES		
30	0.38	104	39.0	13.6	7.6	17.2	YES		
31	0.37	104	38.3	13.7	7.6	16.9	YES		

\* 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 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

## Definitions & Additional Information

### Glossary of Terms:

**CFE** = Combined Filter Effluent    **IFE** = Individual Filter Effluent

**PDR** = Pressure Decay Rate     $\cong$     **DIT** = Direct Integrity Test    **LRC** = Log Removal Credit

**LRV** = Log Removal Value       **TMP** = Transmembrane Pressure

**Cl<sub>2</sub>** = Chlorine    **CT** = chlorine **C**oncentration x contact **T**ime

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### **LRV<sub>ambient</sub>: The preferred performance metric Oregon is moving towards**

LRV<sub>ambient</sub> is a performance metric of the filter's *Cryptosporidium* removal efficiency; [log] units.

LRV<sub>ambient</sub> is calculated using the last DIT results & operating conditions (e.g., flow, temp. & TMP)

A filter whose LRV<sub>ambient</sub> is less than the LRC must be taken off-line, repaired and then re-tested.

LRV<sub>ambient</sub> is an LRV calculated using most recent DIT results (e.g., PDR in <sup>psi</sup>/<sub>min</sub>), current filter flowrate, water temperature, and TMP.

An LRV<sub>ambient</sub> of 4-log is equivalent to 99.99% removal of *Cryptosporidium*.

The nature of membrane filtration requires higher pathogen removal rates. Therefore, 4-log is typically the minimum pathogen removal target.

### **Highest PDR (Pressure Decay Rate):**

Enter the highest pressure decay rate in <sup>psi</sup>/<sub>min</sub> measured for DITs of all operating filters in a day.

A filter whose PDR exceeds the PDR<sub>Max</sub> must be taken off-line, repaired and re-tested.

(PDR<sub>Max</sub> is an Upper Control Limit (UCL) based on the DIT Pressure Decay Rate)

### **DIT Daily:**

Enter "Y" if ALL filters operating in a given day were subjected to a DIT.

Enter "N" if ANY operating filter did not have a DIT.

Enter "Off" if ALL filters were off-line for the day.

Each filter producing water for human consumption in a given day must undergo a DIT

### **Highest IFE [NTU]: Must be continuously monitored.**

If ever exceeds 0.15 NTU for > 15 minutes: Run a DIT, & complete Turbidity Triggered DIT form

### **Highest CFE [NTU]:**

Data is collected for optimization purposes. Not for compliance.

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**Turbidity-Triggered Direct Integrity Test (DIT) Reporting Form**

**OHA - Drinking Water Services**

**To be used when IFE exceeds 0.15 NTU, and submitted to OHA-DWS**

Water System Name: South Coast Water Co

Water System ID: 00302      [00302 Water System Profile on DataOnline](#)

Treatment Plant ID: WTP- A      PDR<sub>Max</sub> = maximum allowed pressure decay rate for a passing DIT

County: Lane      LRC = Log Removal Credit granted for filtration, LRV<sub>ambient</sub> must be ≥ LRC.

Month - Year: Mar-26

Date/Time and membrane unit(s) affected		Pressure Decay Rate (PDR) [ <sup>psi</sup> / <sub>min</sub> ]: <b>0.14</b>			LRC: <b>4.00</b>	
Date/Time	Membrane unit/skid/cell ID#	Turbidity level > 0.15 NTU resulting in DIT [NTU]	Corrective action	DIT Re-test Results [ <sup>psi</sup> / <sub>min</sub> ]	Return-to-service turbidity [NTU]	Return-to-service LRV <sub>ambient</sub> [log]

**Monthly Summary**

All return to service turbidity readings ≤ 0.15 NTU? (Enter Yes or No) ⇒

All membrane units removed from service until a DIT passes? (Enter Yes or No) ⇒

All return to service LRV<sub>ambient</sub> ≥ LRC? (Enter Yes or No) ⇒

**Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**WT Cert #:** \_\_\_\_\_

◆ OAR 333-061-0036(5)(d)(C)(iv) states that if indirect integrity monitoring includes turbidity and the filtrate turbidity readings are above 0.15 NTU for a period greater than 15 minutes (i.e., two consecutive 15-minute readings above 0.15 NTU), direct integrity testing in accordance with subparagraphs (5)(d)(B)(i) through (v) of this rule must immediately be performed on the associated membrane unit.

**Return by 10th of following month by email, fax, or mail to:**  
 dwp.dmce@odhsoha.oregon.gov; 971-673-0458; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350

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