OHA - DWS

Membrane Filter Monthly Operating Report

County: **Lincoln**

System Name: **Bear Creek - Hiland Water**

Month/Year: **Oct-2025**

PWS ID#: 41 - **00482**

Minimum test pressure **applied**: **22.76** psi

Plant ID: WTP - _____ *(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_{Max} [$^{psi}/_{min}$]	LRC [log removal]	DIT Daily
	0.150	**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	0.004		0.004	>0.145		Y
2	0.041		0.041	>0.145		Y
3	0.004		0.004	>0.145		Y
4	0.004		0.004	>0.145		Y
5	0.004		0.004	>0.145		Y
6	0.004		0.004	>0.145		Y
7	0.004		0.004	>0.145		Y
8	0.004		0.004	>0.145		Y
9	0.004		0.004	>0.145		Y
10	0.004		0.004	>0.145		Y
11	0.004		0.004	>0.145		Y
12	0.004		0.004	>0.145		Y
13	0.004		0.004	>0.145		Y
14	0.004		0.004	>0.145		Y
15	0.004		0.004	>0.145		Y
16	0.004		0.004	>0.145		Y
17	0.004		0.004	>0.145		Y
18	0.004		0.004	>0.145		Y
19	0.004		0.004	>0.145		Y
20	0.004		0.004	>0.145		Y
21	0.004		0.004	>0.145		Y
22	0.004		0.004	>0.145		Y
23	0.004		0.004	>0.145		Y
24	0.004		0.004	>0.145		Y
25	0.004		0.004	>0.145		Y
26	0.004		0.004	>0.145		Y
27	0.004		0.004	>0.145		Y
28	0.004		0.004	>0.145		Y
29	0.004		0.004	>0.145		Y
30	0.004		0.004	>0.145		Y
31	0.004		0.004	>0.145		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_{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**	

PRINTED NAME: Curtis Olson

SIGNATURE: Curtis Olson

Notes:

DATE: 11/10/2025

WT CERT #: 216644

PHONE #: 503-554-8333

Revised 10/1/2024

♣ *Used for optimization purposes only.*

OHA-DWS

Disinfection Monthly Operating Report

System Name: **Bear Creek - Hiland**

PWS ID#: 41 - **00482**

Plant ID : WTP -

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	0.981	53	52.0	11.3	7.01	17.7	YES	35	
2	0.946	53	50.1	10.6	6.94	18.0	YES	35	
3	0.973	53	51.6	10.9	6.98	18.0	YES	35	
4	1.262	53	66.9	10.5	7.01	19.3	YES	35	
5	0.742	53	39.3	10.3	6.98	18.3	YES	35	
6	1.328	53	70.4	10.1	7.01	19.9	YES	35	
7	0.900	53	47.7	10.0	7.00	19.0	YES	35	
8	0.778	53	41.2	10.1	6.93	18.2	YES	35	
9	1.339	53	71.0	10.2	6.98	19.6	YES	35	
10	1.266	53	67.1	10.2	6.95	19.3	YES	35	
11	1.121	53	59.4	10.4	6.97	18.8	YES	35	
12	0.788	53	41.8	11.0	7.01	17.8	YES	35	
13	0.773	53	41.0	10.1	6.96	18.4	YES	35	
14	1.031	53	54.6	10.4	6.99	18.9	YES	35	
15	1.279	53	67.8	10.1	7.01	19.8	YES	35	
16	1.520	53	80.6	10.1	7.02	20.4	YES	35	
17	1.374	53	72.8	10.5	6.97	19.4	YES	35	
18	1.331	53	70.5	10.4	7.03	19.7	YES	35	
19	1.015	53	53.8	10.6	6.94	18.3	YES	35	
20	0.985	53	52.2	10.9	7.00	18.2	YES	35	
21	1.085	53	57.5	10.5	6.99	18.7	YES	35	
22	1.287	53	68.2	10.5	6.88	18.5	YES	35	
23	0.701	53	37.2	10.6	6.87	17.2	YES	35	
24	0.825	53	43.7	10.9	6.84	16.9	YES	35	
25	1.073	53	56.9	10.9	6.83	17.3	YES	35	
26	1.060	53	56.2	10.7	6.83	17.4	YES	35	
27	1.200	53	63.6	10.2	6.79	18.1	YES	35	
28	1.245	53	66.0	10.2	6.80	18.3	YES	35	
29	1.170	53	62.0	10.3	6.81	18.0	YES	35	
30	1.258	53	66.7	10.3	6.84	18.4	YES	35	
31	1.514	53	80.2	10.3	6.85	19.0	YES	35	

♦ 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