

OHA - DWS

Membrane Filter Monthly Operating Report

County: **Lincoln**

System Name: **Bear Creek**

Month/Year: **Nov-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]
 	4.00

DIT Daily

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	0.010			>0.145		Y
2	0.008			>0.145		Y
3	0.014			>0.145		Y
4	0.015			>0.145		Y
5	0.019			>0.145		Y
6	0.013			>0.145		Y
7	0.011			>0.145		Y
8	0.009			>0.145		Y
9	0.013			>0.145		Y
10	0.016			>0.145		Y
11	0.009			>0.145		Y
12	0.028			>0.145		Y
13	0.023			>0.145		Y
14	0.014			>0.145		Y
15	0.018			>0.145		Y
16	0.017			>0.145		Y
17	0.012			>0.145		Y
18	0.013			>0.145		Y
19	0.008			>0.145		Y
20	0.007			>0.145		Y
21	0.004			>0.145		Y
22	0.004			>0.145		Y
23	0.004			>0.145		Y
24	0.004			>0.145		Y
25	0.004			>0.145		Y
26	0.004			>0.145		Y
27	0.004			>0.145		Y
28	0.004			>0.145		Y
29	0.004			>0.145		Y
30	0.004			>0.145		Y
31						

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 **DATE:** 12/05/2025
SIGNATURE: *Curtis Olson* **WT CERT #:** 216644
Notes: **PHONE #:** 503-554-8333

♣ Used for optimization purposes only.

OHA-DWS

Disinfection Monthly Operating Report

System Name: **Bear Creek**

PWS ID#: 41 - **00482**

Plant ID : WTP - _____

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	0.913	53	48.4	10.7	6.73	16.7	YES	35	
2	1.378	53	73.0	10.7	6.78	17.8	YES	35	
3	1.534	53	81.3	10.6	6.80	18.5	YES	35	
4	1.617	53	85.7	10.7	6.81	18.5	YES	35	
5	1.449	53	76.8	9.3	6.77	19.6	YES	35	
6	1.073	53	56.9	10.5	6.79	17.5	YES	35	
7	1.031	53	54.6	10.7	6.79	17.2	YES	35	
8	1.179	53	62.5	10.4	6.79	17.9	YES	35	
9	0.971	53	51.5	10.0	6.79	17.9	YES	35	
10	0.921	53	48.8	10.4	6.79	17.3	YES	35	
11	1.655	53	87.7	10.2	6.77	18.9	YES	35	
12	1.474	53	78.1	10.2	6.83	18.9	YES	35	
13	1.457	53	77.2	10.5	6.81	18.4	YES	35	
14	0.476	53	25.2	10.4	6.78	16.5	YES	35	
15	0.938	53	49.7	10.6	6.79	17.2	YES	35	
16	1.316	53	69.7	10.9	6.82	17.7	YES	35	
17	1.274	53	67.5	10.5	6.84	18.2	YES	35	
18	1.277	53	67.7	10.0	6.87	19.0	YES	35	
19	1.364	53	72.3	10.0	6.85	19.1	YES	35	
20	1.418	53	75.2	10.1	6.86	19.1	YES	35	
21	1.362	53	72.2	9.8	6.86	19.3	YES	35	
22	1.622	53	86.0	9.9	6.88	19.9	YES	35	
23	1.751	53	92.8	10.0	6.88	20.1	YES	35	
24	1.705	53	90.4	9.9	6.89	20.3	YES	35	
25	1.676	53	88.8	9.9	6.89	20.2	YES	35	
26	1.439	53	76.3	10.1	6.85	19.1	YES	35	
27	1.414	53	74.9	10.6	6.87	18.6	YES	35	
28	1.231	53	65.2	10.7	6.85	17.9	YES	35	
29	1.210	53	64.1	10.4	6.81	18.1	YES	35	
30	1.333	53	70.6	10.2	6.84	18.7	YES	35	
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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