

OHA - DWS

Membrane Filter Monthly Operating Report

County: **Lincoln**

System Name: **Bear Creek**

Month/Year: **Dec-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
<input type="checkbox"/>	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	0.006		0.006	<0.145		Y
2	0.006		0.006	<0.145		Y
3	0.006		0.006	<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	0.006		0.006	<0.145		Y
13	0.004		0.004	<0.145		Y
14	0.006		0.006	<0.145		Y
15	0.006		0.006	<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 **DATE:** 01/10/2026
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	1.432	53	75.9	9.8	6.84	19.5	YES	35	
2	1.098	53	58.2	9.9	6.82	18.5	YES	35	
3	1.366	53	72.4	9.9	6.85	19.2	YES	35	
4	1.331	53	70.5	10.1	6.88	19.1	YES	35	
5	0.659	53	34.9	10.1	6.77	17.0	YES	35	
6	0.844	53	44.7	10.5	6.80	17.1	YES	35	
7	1.430	53	75.8	10.5	6.79	18.2	YES	35	
8	1.486	53	78.8	10.7	6.80	18.1	YES	35	
9	1.391	53	73.7	9.9	6.73	18.5	YES	35	
10	0.985	53	52.2	10.3	6.64	16.7	YES	35	
11	0.938	53	49.7	10.7	6.64	16.2	YES	35	
12	1.062	53	56.3	10.4	6.63	16.7	YES	35	
13	1.210	53	64.1	10.0	6.67	17.7	YES	35	
14	0.936	53	49.6	10.0	6.72	17.4	YES	35	
15	0.944	53	50.0	10.1	6.73	17.4	YES	35	
16	1.335	53	70.8	10.1	6.75	18.2	YES	35	
17	1.135	53	60.2	9.9	6.83	18.6	YES	35	
18	1.341	53	71.1	6.8	7.82	33.3	YES	35	
19	1.285	53	68.1	6.7	6.94	24.3	YES	35	
20	1.370	53	72.6	9.1	6.78	19.7	YES	35	
21	0.834	53	44.2	8.8	6.75	18.8	YES	35	
22	1.422	53	75.4	9.3	6.81	19.8	YES	35	
23	1.412	53	74.8	9.4	6.83	19.8	YES	35	
24	1.333	53	70.6	9.3	6.81	19.7	YES	35	
25	0.626	53	33.2	9.2	6.82	18.3	YES	35	
26	0.686	53	36.4	9.3	6.88	18.7	YES	35	
27	1.264	53	67.0	9.4	6.88	19.8	YES	35	
28	1.293	53	68.5	9.2	6.90	20.3	YES	35	
29	0.969	53	51.4	9.2	6.91	19.7	YES	35	
30	1.062	53	56.3	9.1	6.88	19.7	YES	35	
31	0.464	53	24.6	9.1	6.86	18.4	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