

# OHA - DWS

## Membrane Filter Monthly Operating Report

County: **Lincoln**

System Name: **Bear Creek**

Month/Year: **Feb-2026**

PWS ID#: 41 - **00482**

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

Plant ID: WTP - "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

Day	CFE Daily Turbidity [NTU]	Highest CFE* [NTU]	Highest IFE [NTU] (>15 minutes)	PDR <sub>Max</sub> [ <sup>psi</sup> / <sub>min</sub> ]		DIT Daily
				LRC [log removal]		
					<b>4.00</b>	
				Highest PDR of day [ <sup>psi</sup> / <sub>min</sub> ]	Lowest LRV <sub>ambient</sub> of day [log removal]	[Y/N] or "off"
1	0.004		0.004	<0.145		Y
2	0.004		0.004	<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	0.002		0.002	<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	0.002		0.002	<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						
30						
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 <sub>Max</sub> , LRV ≥ LRC)	DIT Daily?
<b>Yes</b>	<b>Yes</b>	<b>Yes</b>	<b>Yes</b>	<b>Yes</b>
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?	
<b>Yes</b>	<b>Yes</b>	<b>Yes</b>		

**PRINTED NAME:** Curtis Olson **DATE:** 03/07/2026  
**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 <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	1.006	53	53.3	9.9	7.01	19.5	YES	35	
2	1.008	53	53.4	9.7	6.98	19.6	YES	35	
3	0.723	53	38.3	9.6	6.99	19.1	YES	35	
4	1.137	53	60.3	9.8	7.00	19.9	YES	35	
5	1.206	53	63.9	9.5	6.99	20.3	YES	35	
6	1.277	53	67.7	9.4	7.01	20.7	YES	35	
7	1.328	53	70.4	9.8	6.94	19.9	YES	35	
8	0.447	53	23.7	10.0	6.99	18.2	YES	35	
9	0.430	53	22.8	9.6	6.96	18.3	YES	35	
10	0.470	53	24.9	9.5	6.96	18.5	YES	35	
11	1.127	53	59.7	9.3	6.96	20.2	YES	35	
12	1.121	53	59.4	9.3	6.98	20.4	YES	35	
13	1.233	53	65.3	9.4	6.94	20.2	YES	35	
14	1.360	53	72.1	9.6	6.99	20.6	YES	35	
15	1.281	53	67.9	9.4	6.95	20.4	YES	35	
16	1.301	53	69.0	9.6	6.99	20.4	YES	35	
17	1.204	53	63.8	9.1	6.94	20.5	YES	35	
18	1.206	53	63.9	9.1	7.01	21.0	YES	35	
19	1.139	53	60.4	9.0	7.00	20.9	YES	35	
20	1.021	53	54.1	9.2	6.99	20.3	YES	35	
21	1.048	53	55.5	9.2	6.99	20.3	YES	35	
22	1.119	53	59.3	9.5	6.98	20.1	YES	35	
23	0.875	53	46.4	9.5	6.94	19.3	YES	35	
24	0.911	53	48.3	9.6	6.95	19.3	YES	35	
25	1.191	53	63.1	9.3	6.90	20.0	YES	35	
26	1.141	53	60.5	9.2	6.91	20.0	YES	35	
27	1.245	53	66.0	9.1	6.93	20.5	YES	35	
28	1.449	53	76.8	9.1	6.94	21.0	YES	35	
29									
30									
31									

♦ 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