

OHA - DWS

Membrane Filter Monthly Operating Report


County: **Lincoln**

System Name: **Bear Creek**

Month/Year: **Mar-2026**

PWS ID#: 41 - **00482**

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


Plant ID: WTP -  (e.g. "7")

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	0.004		0.004	<0.145		Y
2	0.002		0.002	<0.145		Y
3	0.002		0.002	<0.145		Y
4	0.002		0.002	<0.145		Y
5	0.004		0.004	<0.145		Y
6	0.002		0.002	<0.145		Y
7	0.002		0.002	<0.145		Y
8	0.002		0.002	<0.145		Y
9	0.004		0.004	<0.145		Y
10	0.004		0.004	<0.145		Y
11	0.002		0.002	<0.145		Y
12	0.002		0.002	<0.145		Y
13	0.002		0.002	<0.145		Y
14	0.002		0.002	<0.145		Y
15	0.004		0.004	<0.145		Y
16	0.002		0.002	<0.145		Y
17	0.002		0.002	<0.145		Y
18	0.002		0.002	<0.145		Y
19	0.002		0.002	<0.145		Y
20	0.002		0.002	<0.145		Y
21	0.002		0.002	<0.145		Y
22	0.004		0.004	<0.145		Y
23	0.002		0.002	<0.145		Y
24	0.002		0.002	<0.145		Y
25	0.002		0.002	<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:** 04/06/2026
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	1.347	53	71.4	9.5	6.97	20.5	YES	35	
2	0.788	53	41.8	10.0	6.92	18.3	YES	35	
3	0.911	53	48.3	9.5	6.97	19.4	YES	35	
4	0.721	53	38.2	9.6	6.93	18.7	YES	35	
5	0.561	53	29.7	9.5	6.92	18.4	YES	35	
6	0.948	53	50.2	9.5	6.94	19.5	YES	35	
7	1.328	53	70.4	9.8	6.98	20.2	YES	35	
8	1.079	53	57.2	9.7	6.98	19.6	YES	35	
9	1.040	53	55.1	9.6	6.97	19.7	YES	35	
10	1.170	53	62.0	9.4	6.99	20.4	YES	35	
11	1.324	53	70.2	9.2	7.02	21.2	YES	35	
12	1.310	53	69.4	9.4	6.97	20.5	YES	35	
13	1.274	53	67.5	6.8	9.44	60.1	YES	35	
14	1.220	53	64.7	9.4	6.77	18.9	YES	35	
15	1.069	53	56.7	9.3	6.81	19.0	YES	35	
16	1.501	53	79.6	9.6	6.88	20.1	YES	35	
17	1.252	53	66.4	9.9	6.88	19.2	YES	35	
18	0.915	53	48.5	9.3	6.93	19.4	YES	35	
19	0.861	53	45.6	9.5	6.87	18.7	YES	35	
20	1.936	53	102.6	9.8	6.93	21.2	YES	35	
21	2.304	53	122.1	9.4	6.97	23.0	YES	35	
22	2.135	53	113.2	9.4	7.00	22.8	YES	35	
23	1.971	53	104.5	9.4	7.00	22.3	YES	35	
24	0.911	53	48.3	9.5	6.99	19.7	YES	35	
25	1.191	53	63.1	9.5	6.99	20.3	YES	35	
26	2.089	53	110.7	9.3	6.99	22.8	YES	35	
27	2.050	53	108.7	9.2	7.00	22.8	YES	35	
28	2.160	53	114.5	9.4	7.00	22.9	YES	35	
29	2.177	53	115.4	9.4	7.00	22.9	YES	35	
30	2.094	53	111.0	9.3	7.00	22.9	YES	35	
31	1.613	53	85.5	9.4	7.01	21.6	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

email: dwp.dmce@odhsoha.oregon.gov

fax: 971-673-0458