

# OHA - DWS

## Membrane Filter Monthly Operating Report

County: **Tillamook**

System Name: **Oceanside Water District**

Month/Year: **May-2024**

PWS ID#: 41 - **00585**

Minimum test pressure applied: **23** psi

Plant ID: WTP - **A**  
(e.g., "A")

Minimum test pressure req'd: **18** 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*

	<b>PDR<sub>Max</sub> [psi/min]</b>	<b>LRC [log removal]</b>	<b>DIT Daily</b>
	<b>0.090</b>	<b>4.00</b>	

Day	CFE Daily Turbidity [NTU]	Highest CFE* [NTU]	Highest IFE [NTU]	Highest PDR of day [psi/min]	Lowest LRV <sub>ambient</sub> of day [log removal]	[Y/N] or "off"
1	0.014	0.014	0.014	0.05	4.07	Y
2	0.014	0.015	0.015	0.03	4.49	Y
3	0.014	0.014	0.014	0.03	4.55	Y
4	0.000	0	0.000	0.03	4.30	Y
5	0.014	0.014	0.014	0.03	4.50	Y
6	0.014	0.014	0.014	0.03	4.50	Y
7	0.014	0.014	0.014	0.03	4.54	Y
8	0.014	0.014	0.014	0.03	4.43	Y
9	0.014	0.014	0.014	0.03	4.41	Y
10	0.014	0.014	0.014	0.04	4.44	Y
11	0.013	0.013	0.013	0.03	4.43	Y
12	0.014	0.018	0.018	0.03	4.40	Y
13	0.014	0.014	0.014	0.04	4.39	Y
14	0.014	0.014	0.014	0.02	4.82	Y
15	0.014	0.015	0.015	0.02	5.08	Y
16	0.014	0.014	0.014	0.03	4.60	Y
17	0.014	0.014	0.014	0.03	4.57	Y
18	0.014	0.014	0.014	0.03	4.46	Y
19	0.014	0.016	0.016	0.03	4.68	Y
20	0.014	0.015	0.015	0.03	4.69	Y
21	0.000	0	0.000	0.03	4.48	Y
22	0.014	0.014	0.014	0.03	4.46	Y
23	0.014	0.014	0.014	0.04	4.39	Y
24	0.014	0.018	0.018	0.03	4.57	Y
25	0.015	0.015	0.015	0.03	4.40	Y
26	0.014	0.016	0.016	0.04	4.26	Y
27	0.014	0.014	0.014	0.03	4.42	Y
28	0.014	0.014	0.014	0.04	4.29	Y
29	0.014	0.014	0.014	0.05	4.15	Y
30	0.014	0.014	0.014	0.04	4.27	Y
31	0.000	0	0.000	0.04	4.32	Y

**Compliance summary (operator to complete any blank fields)**

95% of daily turbidity readings ≤ 1 NTU? [Y/N] <b>Yes</b>	All turbidity readings ≤ 5 NTU? [Y/N] <b>Yes</b>	All IFE turbidity readings ≤ 0.15 NTU? [Y/N] <b>Yes</b>	Performance std met? [Y/N] (PDR ≤ PDR <sub>Max</sub> , LRV ≥ LRC) <b>Yes</b>	DIT Daily? <b>Yes</b>
CT's met daily? (p. 2) <b>Yes</b>	All Cl <sub>2</sub> residual at EP ≥ 0.2 mg/L? <b>Yes</b>	PDR ≤ PDR <sub>Max</sub> ? <b>Yes</b>	LRV <sub>ambient</sub> ≥ LRC? <b>Yes</b>	

PRINTED NAME: **David Nordman**

DATE: **6/10/224**

SIGNATURE:

WT CERT #: **T08918**

Notes: Wes tech is installing new software this month for the ambient LRV. Awaiting TAG to set up reports.

PHONE #: **503-842-6462**

♣ Used for optimization purposes only.



# OHA-DWS

## Disinfection Monthly Operating Report

System Name: **Oceanside Water District**

PWS ID#: 41 - **00585**

Plant ID : WTP - **A**

**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	0.750	142	106.5	12.0	7.79	21.7	YES	300	
2	0.740	142	105.1	11.9	7.44	19.3	YES	300	
3	0.750	142	106.5	11.8	7.37	19.0	YES	300	
4	0.740	142	105.1	11.2	7.62	21.5	YES	300	OFF
5	0.720	142	102.2	11.6	7.56	20.5	YES	300	
6	0.750	142	106.5	12.1	7.47	19.3	YES	300	
7	0.990	142	140.6	11.8	7.55	20.8	YES	300	
8	0.730	142	103.7	11.4	7.70	21.8	YES	300	
9	0.710	142	100.8	11.8	7.45	19.4	YES	300	
10	0.780	142	110.8	12.4	7.60	19.8	YES	300	
11	0.670	142	95.1	13.3	7.56	18.1	YES	300	
12	0.730	142	103.7	13.2	7.72	19.4	YES	300	
13	0.660	142	93.7	13.9	7.86	19.4	YES	300	
14	0.720	142	102.2	14.6	7.67	17.4	YES	300	
15	0.730	142	103.7	14.3	7.81	18.7	YES	300	
16	0.850	142	120.7	12.9	7.69	19.9	YES	300	
17	0.790	142	112.2	13.2	7.70	19.4	YES	300	
18	0.630	142	89.5	13.7	7.67	18.2	YES	300	
19	0.750	142	106.5	13.5	7.92	20.6	YES	300	
20	0.800	142	113.6	13.8	7.84	19.7	YES	300	
21	0.750	142	106.5	13.8	7.71	18.7	YES	300	OFF
22	0.800	142	113.6	14.1	7.94	20.0	YES	300	
23	0.870	142	123.5	13.6	7.79	19.7	YES	300	
24	0.830	142	117.9	13.6	7.78	19.6	YES	300	
25	0.880	142	125.0	13.2	7.83	20.6	YES	300	
26	1.190	142	169.0	12.5	7.81	22.2	YES	300	
27	0.980	142	139.2	12.9	7.52	18.9	YES	300	
28	1.030	142	146.3	12.7	7.29	17.7	YES	300	
29	0.820	142	116.4	13.0	7.57	18.8	YES	300	
30	0.850	142	120.7	13.3	7.59	18.7	YES	300	
31	0.940	142	133.5	13.5	7.44	17.6	YES	300	OFF

\* 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

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