

OHA - DWS

Membrane Filter Monthly Operating Report

County: **Tillamook**

System Name: **Oceanside Water District**

Month/Year: **Jun-2024**

PWS ID#: 41 - **00585**

Minimum test pressure applied: **20.3** 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

PDR_{Max} [psi/min]
0.090

LRC [log removal]
4.00

**DIT
Daily**

Day	CFE Daily Turbidity [NTU]	Highest CFE* [NTU]	Highest IFE [NTU]	Highest PDR of day [psi/min]	Lowest LRV _{ambient} of day [log removal]	[Y/N] or "off"
1	0.014	0.014	0.014	0.05	4.18	Y
2	0.014	0.014	0.014	0.04	4.26	Y
3	0.014	0.014	0.014	0.04	4.30	Y
4	0.014	0.014	0.014	0.04	4.31	Y
5	0.014	0.014	0.014	0.04	4.28	Y
6	0.014	0.014	0.014	0.04	4.14	Y
7	0.014	0.015	0.015	0.03	4.57	Y
8	0.014	0.014	0.014	0.03	4.56	Y
9	0.014	0.014	0.014	0.03	4.55	Y
10	0.014	0.014	0.014	0.03	4.56	Y
11	0.015	0.015	0.015	0.03	4.45	Y
12	0.014	0.015	0.015	0.02	4.80	Y
13	0.014	0.014	0.014	0.03	4.57	Y
14	0.014	0.014	0.014	0.03	4.56	Y
15	0.013	0.013	0.013	0.03	4.56	Y
16	0.013	0.013	0.013	0.02	4.87	Y
17	0.013	0.015	0.015	0.03	4.50	Y
18	0.015	0.015	0.015	0.03	4.42	Y
19	0.015	0.015	0.015	0.03	4.38	Y
20	0.015	0.015	0.015	0.03	4.36	Y
21	0.013	0.014	0.014	0.03	4.39	Y
22	0.014	0.014	0.014	0.04	4.20	Y
23	0.014	0.015	0.015	0.04	4.28	Y
24	0.015	0.015	0.015	0.04	4.67	Y
25	0.014	0.014	0.014	0.04	4.78	Y
26	0.014	0.014	0.014	0.04	7.80	Y
27	0.014	0.014	0.014	0.03	4.75	Y
28	0.012	0.012	0.012	0.03	4.82	Y
29	0.014	0.014	0.014	0.03	4.72	Y
30	0.014	0.014	0.014	0.02	5.10	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	Yes	

PRINTED NAME: **David L. Nordman** DATE: **7/5/2024**
 SIGNATURE: WT CERT #: **T 08918**
 Notes: 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 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	1.160	142	164.7	14.2	7.50	17.6	YES	300	
2	1.080	142	153.4	0.0	7.48	45.5	YES	300	
3	1.090	142	154.8	13.3	7.57	19.0	YES	300	
4	0.980	142	139.2	13.0	7.38	17.9	YES	300	
5	0.900	142	127.8	13.4	7.56	18.4	YES	300	
6	0.880	142	125.0	13.3	7.40	17.5	YES	300	
7	0.770	142	109.3	13.0	7.55	18.6	YES	300	
8	0.830	142	117.9	13.8	7.56	17.8	YES	300	
9	1.030	142	146.3	13.2	7.61	19.3	YES	300	
10	0.860	142	122.1	13.6	7.54	18.0	YES	300	
11	0.870	142	123.5	13.8	7.68	18.7	YES	300	
12	0.780	142	110.8	14.2	7.79	18.8	YES	300	
13	0.770	142	109.3	13.1	7.66	19.2	YES	300	
14	0.940	142	133.5	14.0	7.63	18.3	YES	300	
15	0.870	142	123.5	13.7	7.70	19.0	YES	300	
16	0.880	142	125.0	13.7	7.50	17.6	YES	300	
17	0.830	142	117.9	14.3	7.55	17.2	YES	300	
18	0.850	142	120.7	13.9	7.51	17.4	YES	300	
19	0.860	142	122.1	13.5	7.43	17.4	YES	300	
20	0.860	142	122.1	14.2	7.52	17.1	YES	300	
21	0.970	142	137.7	14.0	7.52	17.6	YES	300	
22	0.960	142	136.3	13.5	7.61	18.8	YES	300	
23	0.960	142	136.3	14.1	7.56	17.7	YES	300	
24	0.890	142	126.4	14.7	7.54	16.8	YES	300	
25	0.920	142	130.6	14.5	7.52	16.9	YES	300	
26	0.850	142	120.7	15.1	7.52	16.1	YES	300	
27	0.920	142	130.6	14.9	7.42	15.9	YES	300	
28	0.800	142	113.6	15.3	7.30	14.6	YES	300	
29	0.920	142	130.6	15.7	7.30	14.4	YES	300	
30	0.920	142	130.6	14.7	7.50	16.6	YES	300	
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 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