

OHA - DWS

Membrane Filter Monthly Operating Report

County: Tillamook

System Name: Oceanside Water District

Month/Year: Aug-2024

PWS ID#: 41 - 00585

Minimum test pressure applied: 21 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}]	LRC [log removal]
0.900 <input type="checkbox"/>	4.00

Day	CFE Daily Turbidity [NTU]	Highest CFE* [NTU]	Highest IFE [NTU]	Highest PDR of day [^{psi} / _{min}]	Lowest LRV _{ambient} of day [log removal]	DIT Daily [Y/N] or "off"
1	0.0128	0.014	0.014	0.03	4.76	Y
2	0.0136	0.014	0.014	0.02	5.17	Y
3	0.0155	0.014	0.014	0.02	4.84	Y
4	0.012	0.014	0.014	0.02	4.74	Y
5	0.012	0.014	0.014	0.03	4.37	Y
6	0.014	0.014	0.014	0.03	4.47	Y
7	0.0126	0.014	0.014	0.03	4.34	Y
8	0.0126	0.013	0.013	0.03	4.62	Y
9	0.013	0.014	0.014	0.05	4.21	Y
10	0.0128	0.014	0.014	0.04	4.19	Y
11	0.014	0.014	0.014	0.03	4.46	Y
12	0.014	0.014	0.014	0.04	4.12	Y
13	0.012	0.014	0.014	0.02	5.03	Y
14	0.0133	0.014	0.014	0.03	4.71	Y
15	0.012	0.014	0.014	0.02	4.80	Y
16	0.014	0.014	0.014	0.01	5.48	Y
17	0.014	0.014	0.014	0.02	5.11	Y
18	0.0148	0.014	0.014	0.03	4.68	Y
19	0.019	0.014	0.014	0.03	4.61	Y
20	0.0012	0.014	0.014	0.04	4.41	Y
21	0.013	0.014	0.014	0.34	4.48	Y
22	0.0148	0.014	0.014	0.03	4.81	Y
23	0.014	0.014	0.014	0.04	4.29	Y
24	0.0183	0.014	0.014	0.04	4.37	Y
25	0.027	0.014	0.014	0.04	4.45	Y
26	0.014	0.014	0.014	0.04	4.44	Y
27	0.0181	0.014	0.014	0.04	4.41	Y
28	0.024	0.014	0.014	0.03	4.36	Y
29	0.0176	0.014	0.014	0.04	4.30	Y
30	0	0	0.000	0.03	4.75	OFF
31	0.014	0.014	0.014	0.03	4.53	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: 9/10/2024

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	0.720	142	102.2	15.9	7.43	14.6	YES	300	
2	0.760	142	107.9	16.6	7.45	14.1	YES	300	
3	0.730	142	103.7	16.6	7.47	14.1	YES	300	
4	0.770	142	109.3	16.8	7.54	14.4	YES	300	
5	0.720	142	102.2	16.7	7.49	14.1	YES	300	
6	0.700	142	99.4	16.2	7.55	14.9	YES	300	
7	0.680	142	96.6	0.0	0.00	4.4	YES	300	
8	0.630	142	89.5	17.1	7.51	13.7	YES	300	
9	0.750	142	106.5	15.7	7.59	15.7	YES	300	
10	0.800	142	113.6	16.6	7.54	14.6	YES	300	
11	0.730	142	103.7	16.8	7.67	15.0	YES	300	
12	0.710	142	100.8	15.3	7.76	17.1	YES	300	
13	0.650	142	92.3	16.5	7.60	14.8	YES	300	
14	0.740	142	105.1	16.2	7.59	15.2	YES	300	
15	0.660	142	93.7	16.5	7.63	15.0	YES	300	
16	0.430	142	61.1	19.5	7.63	11.9	YES	300	
17	0.740	142	105.1	16.4	7.60	15.0	YES	300	
18	0.870	142	123.5	15.6	7.47	15.3	YES	300	
19	0.760	142	107.9	16.5	7.52	14.5	YES	300	
20	0.720	142	102.2	16.3	7.66	15.4	YES	300	
21	0.860	142	122.1	0.0	7.46	44.0	YES	300	
22	0.720	142	102.2	16.5	7.50	14.4	YES	300	
23	0.800	142	113.6	16.1	7.51	14.9	YES	300	
24	0.680	142	96.6	15.7	7.41	14.6	YES	300	
25	0.640	142	90.9	15.8	7.36	14.2	YES	300	
26	0.700	142	99.4	16.8	7.56	14.4	YES	300	
27	0.700	142	99.4	18.1	7.47	12.7	YES	300	
28	0.730	142	103.7	15.7	7.38	14.5	YES	300	
29	0.700	142	99.4	16.0	7.67	15.8	YES	300	
30	0.730	142	103.7	16.9	7.60	14.5	YES	300	OFF
31	0.720	142	102.2	16.6	7.58	14.7	YES	300	

* 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

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