

# OHA - DWS

## Membrane Filter Monthly Operating Report

County: **Tillamook**

System Name: **Oceanside Water District**

Month/Year: **Dec-2024**

PWS ID#: 41 - **00585**

Minimum test pressure applied: **20** 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<sub>Max</sub> [<sup>psi</sup>/<sub>min</sub>]

LRC [log removal]

**0.090**

**4.00**

**DIT  
Daily**

Day	CFE Daily Turbidity [NTU]	Highest CFE* [NTU]	Highest IFE [NTU]	Highest PDR of day [ <sup>psi</sup> / <sub>min</sub> ]	Lowest LRV <sub>ambient</sub> of day [log removal]	[Y/N] or "off"
1	0.012	0.012	0.012	0.033	4.550	Y
2	0.014	0.014	0.014	0.036	4.450	Y
3				0.042	4.340	Y
4	0.012	0.012	0.012	0.021	4.130	Y
5	0.014	0.014	0.014	0.016	4.550	Y
6				0.027	4.741	Y
7				0.022	4.926	Y
8	0.018	0.018	0.018	0.024	4.840	Y
9	0.014	0.014	0.014	0.022	4.870	Y
10	0.012	0.012	0.012	0.025	4.790	Y
11				0.021	4.970	Y
12				0.023	4.830	Y
13	0.013	0.013	0.013	0.026	4.722	Y
14	0.013	0.013	0.013	0.022	4.850	Y
15	0.013	0.013	0.013	0.022	4.870	Y
16	0.013	0.013	0.013	0.022	4.830	Y
17				0.031	4.650	Y
18	0.012	0.012	0.012	0.024	4.860	Y
19	0.012	0.012	0.012	0.023	4.880	Y
20	0.012	0.014	0.014	0.028	4.695	Y
21				0.019	4.977	Y
22	0.013	0.013	0.013	0.033	4.470	Y
23	0.013	0.018	0.018	0.026	4.588	Y
24	0.013	0.018	0.018	0.033	4.434	Y
25	0.013	0.025	0.025	0.033	4.482	Y
26	0.013	0.021	0.021	0.032	4.430	Y
27	0.013	0.020	0.020	0.032	4.448	Y
28	0.012	0.017	0.017	0.031	4.429	Y
29	0.013	0.016	0.016	0.031	4.502	Y
30	0.013	0.018	0.018	0.023	4.695	Y
31	0.013	0.020	0.020	0.033	4.443	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 <sub>Max</sub> , LRV ≥ LRC)	DIT Daily?
Yes	Yes	Yes	Yes	Yes
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?	
Yes	Yes	Yes	Yes	

PRINTED NAME: **Christian Anderson**

DATE: **1/2/2025**

SIGNATURE: 

WT CERT #: **T-650708**

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

Notes:

# 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	0.730	142	103.7	10.3	7.75	23.9	YES	300	
2	0.720	142	102.2	10.1	7.54	22.4	YES	300	
3	0.680	142	96.6	9.2	7.56	23.9	YES	300	Plant Off
4	0.650	142	92.3	9.3	7.60	24.0	YES	300	
5	0.660	142	93.7	9.4	7.67	24.4	YES	300	
6	0.770	142	109.3	9.6	7.77	25.3	YES	300	Plant Off
7	0.750	142	106.5	10.6	7.75	23.5	YES	300	Plant Off
8	0.690	142	98.0	9.9	7.61	23.2	YES	300	
9	0.710	142	100.8	9.7	7.70	24.4	YES	300	
10	0.760	142	107.9	10.4	7.63	22.8	YES	300	
11	0.790	142	112.2	10.5	7.70	23.3	YES	300	Plant Off
12	0.780	142	110.8	10.6	7.66	22.8	YES	300	Plant Off
13	0.800	142	113.6	10.7	7.73	23.3	YES	300	
14	0.780	142	110.8	10.2	7.76	24.3	YES	300	
15	0.680	142	96.6	12.4	7.67	20.1	YES	300	
16	0.710	142	100.8	11.4	7.75	22.1	YES	300	
17	0.620	142	88.0	10.1	7.72	23.6	YES	300	Plant Off
18	0.520	142	73.8	10.4	7.72	22.9	YES	300	
19	0.710	142	100.8	11.9	7.80	21.8	YES	300	
20	0.810	142	115.0	12.5	7.71	20.5	YES	300	
21	0.840	142	119.3	11.2	7.63	21.8	YES	300	Plant Off
22	0.750	142	106.5	11.3	7.76	22.5	YES	300	
23	0.730	142	103.7	10.8	7.79	23.4	YES	300	
24	0.710	142	100.8	11.1	7.73	22.4	YES	300	
25	0.800	142	113.6	11.5	7.66	21.5	YES	300	
26	0.750	142	106.5	11.2	7.65	21.8	YES	300	
27	0.690	142	98.0	10.8	7.68	22.4	YES	300	
28	0.770	142	109.3	11.3	7.72	22.2	YES	300	
29	0.820	142	116.4	11.8	7.61	20.8	YES	300	
30	0.670	142	95.1	11.5	7.66	21.2	YES	300	
31	0.780	142	110.8	10.6	7.71	23.2	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 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

p. 2 of 2