

OHA - DWS

Membrane Filter Monthly Operating Report

County: **Tillamook**

System Name: **Oceanside Water District**

Month/Year: **March, 2025**

PWS ID#: 41 - **00585**

Minimum test pressure applied: **20** psi

Plant ID: WTP - **A**

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

(e.g., "A")

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	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	0.012	0.016	0.016	0.031	4.497	Y
2	0.012	0.016	0.016	0.031	4.517	Y
3	0.013	0.016	0.016	0.024	4.729	Y
4	0.012	0.015	0.015	0.028	4.566	Y
5	0.012	0.017	0.017	0.028	4.582	Y
6	0.013	0.013	0.013	0.028	4.575	Y
7	0.013	0.018	0.018	0.028	4.559	Y
8	0.012	0.016	0.016	0.028	4.562	Y
9	0.012	0.014	0.014	0.028	4.615	Y
10	0.012	0.016	0.016	0.027	4.649	Y
11	0.013	0.016	0.016	0.020	4.850	Y
12	0.013	0.013	0.013	0.028	4.617	Y
13	0.012	0.017	0.017	0.028	4.588	Y
14	0.013	0.016	0.016	0.029	4.613	Y
15	0.012	0.017	0.017	0.029	4.504	Y
16	0.012	0.013	0.013	0.029	4.524	Y
17	0.013	0.021	0.021	0.029	4.541	Y
18	0.012	0.023	0.023	0.029	4.635	Y
19	0.016	0.016	0.016	0.033	4.457	Y
20	0.013	0.018	0.018	0.028	4.586	Y
21	0.014	0.015	0.015	0.028	4.621	Y
22	0.013	0.029	0.029	0.023	4.763	Y
23	0.013	0.015	0.015	0.035	4.442	Y
24	0.014	0.015	0.015	0.035	4.439	Y
25	0.013	0.016	0.016	0.031	4.557	Y
26	0.013	0.016	0.016	0.031	4.596	Y
27	0.014	0.020	0.020	0.040	4.332	Y
28	0.013	0.021	0.021	0.040	4.361	Y
29	0.013	0.016	0.016	0.039	4.291	Y
30	0.014	0.016	0.016	0.039	4.314	Y
31	0.013	0.017	0.017	0.034	4.435	Y

Compliance summary (operator to complete any blank fields)

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

PRINTED NAME: Christian Anderson	DATE: 4/2/2025
SIGNATURE:	WT CERT #: T-650708
Notes:	PHONE #: 503-842-6462

Disinfection Monthly Operating Report

System Name: **Oceanside Water District**

PWS ID#: 41 - **00585**

0.5

↳ Log
Inactivation
Required via
Disinfection

Plant ID : WTP - **A**

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	0.560	142	79.5	11.1	7.64	21.4	YES	300	
2	0.530	142	75.3	10.3	7.65	22.5	YES	300	
3	0.490	142	69.6	11.2	7.64	21.1	YES	300	
4	0.570	142	80.9	11.1	7.65	21.5	YES	300	
5	0.480	142	68.2	10.9	7.66	21.6	YES	300	
6	0.630	142	89.5	10.6	7.65	22.3	YES	300	
7	0.600	142	85.2	11.2	7.65	21.4	YES	300	
8	0.630	142	89.5	11.6	7.65	20.9	YES	300	
9	0.620	142	88.0	11.1	7.64	21.5	YES	300	
10	0.750	142	106.5	10.9	7.60	21.8	YES	300	
11	0.600	142	85.2	11.6	7.67	21.0	YES	300	
12	0.620	142	88.0	12.5	7.59	19.2	YES	300	
13	0.600	142	85.2	11.2	7.67	21.5	YES	300	
14	0.460	142	65.3	10.2	7.60	22.1	YES	300	
15	0.580	142	82.4	9.8	7.71	23.9	YES	300	
16	0.530	142	75.3	10.1	7.49	21.6	YES	300	
17	0.620	142	88.0	11.2	7.64	21.4	YES	300	
18	0.550	142	78.1	10.7	7.68	22.2	YES	300	
19	0.590	142	83.8	10.8	7.75	22.7	YES	300	
20	0.540	142	76.7	10.3	7.75	23.4	YES	300	
21	0.560	142	79.5	10.5	7.71	22.8	YES	300	
22	0.530	142	75.3	11.2	7.67	21.4	YES	300	
23	0.530	142	75.3	11.2	7.54	20.4	YES	300	
24	0.460	142	65.3	11.7	7.53	19.5	YES	300	
25	0.480	142	68.2	11.6	7.48	19.4	YES	300	
26	0.530	142	75.3	12.1	7.49	18.9	YES	300	
27	0.600	142	85.2	11.4	7.53	20.2	YES	300	
28	0.540	142	76.7	11.1	7.64	21.3	YES	300	
29	0.480	142	68.2	11.2	7.58	20.6	YES	300	
30	0.440	142	62.5	11.1	7.60	20.8	YES	300	
31	0.330	142	46.9	11.1	7.72	21.4	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