OHA - DWS

Membrane Filter Monthly Operating Report

System Name: **Oceanside Water District**
PWS ID#: 41 - **00585**
Plant ID: WTP - **A** *(e.g., "A")*

County: **Tillamook**
Month/Year: **June, 2025**
Minimum test pressure **applied**: **20** psi
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	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	0.014	0.015	0.015	0.029	4.570	Y
2	0.013	0.019	0.019	0.029	4.599	Y
3	0.014	0.016	0.016	0.028	4.625	Y
4	0.013	0.016	0.016	0.031	4.496	Y
5	0.013	0.015	0.015	0.033	4.437	Y
6	0.013	0.016	0.016	0.033	4.470	Y
7	0.013	0.015	0.015	0.031	4.463	Y
8	0.013	0.015	0.015	0.026	4.561	Y
9	0.013	0.018	0.018	0.039	4.314	Y
10	0.014	0.015	0.015	0.039	4.432	Y
11	0.013	0.028	0.028	0.035	4.472	Y
12	0.013	0.015	0.015	0.034	4.416	Y
13	0.013	0.020	0.020	0.039	4.372	Y
14	0.013	0.018	0.018	0.039	4.380	Y
15	0.013	0.017	0.017	0.039	4.313	Y
16	0.013	0.022	0.022	0.039	4.362	Y
17	0.013	0.015	0.015	0.034	4.354	Y
18	0.013	0.020	0.020	0.048	4.078	Y
19	0.013	0.018	0.018	0.048	4.056	Y
20	0.013	0.015	0.015	0.039	4.536	Y
21	0.013	0.020	0.020	0.039	4.569	Y
22	0.013	0.016	0.016	0.029	4.747	Y
23	0.013	0.016	0.016	0.026	4.739	Y
24	0.013	0.015	0.015	0.026	4.745	Y
25	0.013	0.015	0.015	0.026	4.763	Y
26	0.013	0.016	0.016	0.025	4.715	Y
27	0.013	0.019	0.019	0.024	4.761	Y
28	0.013	0.019	0.019	0.026	4.713	Y
29	0.013	0.018	0.018	0.031	4.547	Y
30	0.013	0.025	0.025	0.031	4.609	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: Christian Anderson
SIGNATURE:
Notes:

DATE: 07/01/2025
WT CERT #: T-650708
PHONE #: 503-842-6462

♣ *Used for optimization purposes only.*

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 1st 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	0.510	142	72.4	13.8	7.63	17.6	YES	300	
2	0.440	142	62.5	14.8	7.59	16.1	YES	300	
3	0.500	142	71.0	14.4	7.78	17.9	YES	300	
4	0.450	142	63.9	14.2	7.63	17.0	YES	300	
5	0.350	142	49.7	14.0	7.68	17.4	YES	300	
6	0.360	142	51.1	14.8	7.62	16.1	YES	300	
7	0.510	142	72.4	14.7	7.68	16.9	YES	300	
8	0.510	142	72.4	14.1	7.69	17.7	YES	300	
9	0.510	142	72.4	14.8	7.71	17.0	YES	300	
10	0.450	142	63.9	15.6	7.63	15.5	YES	300	
11	0.440	142	62.5	14.8	7.59	16.1	YES	300	
12	0.470	142	66.7	15.3	7.66	16.1	YES	300	
13	0.480	142	68.2	15.1	7.62	16.0	YES	300	
14	0.500	142	71.0	14.9	7.68	16.7	YES	300	
15	0.460	142	65.3	14.0	7.68	17.6	YES	300	
16	0.510	142	72.4	15.1	7.60	16.0	YES	300	
17	0.500	142	71.0	14.2	7.62	17.1	YES	300	
18	0.490	142	69.6	14.7	7.60	16.4	YES	300	
19	0.470	142	66.7	15.3	7.60	15.7	YES	300	
20	0.490	142	69.6	14.7	7.66	16.7	YES	300	
21	0.530	142	75.3	14.4	7.65	17.1	YES	300	
22	0.520	142	73.8	14.2	7.56	16.7	YES	300	
23	0.470	142	66.7	14.8	7.58	16.1	YES	300	
24	0.450	142	63.9	14.2	7.50	16.2	YES	300	
25	0.480	142	68.2	14.4	7.61	16.7	YES	300	
26	0.460	142	65.3	14.9	7.61	16.2	YES	300	
27	0.490	142	69.6	14.9	7.50	15.6	YES	300	
28	0.500	142	71.0	15.6	7.60	15.4	YES	300	
29	0.550	142	78.1	14.9	7.61	16.3	YES	300	
30	0.590	142	83.8	15.3	7.62	16.0	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