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: **July, 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	0.013	0.016	0.016	0.026	4.680	Y
2	0.013	0.027	0.027	0.026	4.782	Y
3	0.015	0.015	0.015	0.023	4.856	Y
4	0.015	0.016	0.016	0.023	4.919	Y
5	0.015	0.016	0.016	0.034	4.486	Y
6	0.015	0.016	0.016	0.034	4.555	Y
7	0.015	0.016	0.016	0.027	4.632	Y
8	0.015	0.016	0.016	0.033	4.476	Y
9	0.014	0.017	0.017	0.033	4.527	Y
10	0.014	0.016	0.016	0.031	4.494	Y
11	0.015	0.021	0.021	0.040	4.337	Y
12	0.014	0.018	0.018	0.040	4.331	Y
13	0.014	0.020	0.020	0.035	4.450	Y
14	0.014	0.016	0.016	0.033	4.427	Y
15	0.015	0.021	0.021	0.033	4.466	Y
16	0.015	0.020	0.020	0.037	4.335	Y
17	0.015	0.017	0.017	0.039	4.250	Y
18	0.018	0.020	0.020	0.039	4.253	Y
19	0.015	0.032	0.032	0.046	4.192	Y
20	0.015	0.016	0.016	0.035	4.275	Y
21	0.015	0.033	0.033	0.039	4.274	Y
22	0.015	0.017	0.017	0.039	4.511	Y
23	0.015	0.019	0.019	0.024	4.715	Y
24	0.015	0.022	0.022	0.024	4.781	Y
25	0.015	0.088	0.088	0.023	4.774	Y
26	0.014	0.020	0.020	0.035	4.405	Y
27	0.014	0.020	0.020	0.035	4.443	Y
28	0.015	0.016	0.016	0.045	4.144	Y
29	0.014	0.019	0.019	0.045	4.216	Y
30	0.015	0.018	0.018	0.040	4.230	Y
31	0.015	0.018	0.018	0.036	4.300	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: 08/01/2025
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	0.550	142	78.1	15.0	7.64	16.4	YES	300	
2	0.600	142	85.2	15.7	7.52	15.1	YES	300	
3	0.560	142	79.5	15.1	7.57	15.9	YES	300	
4	0.550	142	78.1	15.2	7.60	15.9	YES	300	
5	0.580	142	82.4	14.8	7.58	16.3	YES	300	
6	0.520	142	73.8	14.9	7.58	16.1	YES	300	
7	0.520	142	73.8	14.9	7.58	16.1	YES	300	
8	0.510	142	72.4	15.3	7.62	15.9	YES	300	
9	0.520	142	73.8	15.3	7.59	15.7	YES	300	
10	0.510	142	72.4	15.4	7.61	15.7	YES	300	
11	0.500	142	71.0	15.2	7.62	16.0	YES	300	
12	0.500	142	71.0	15.6	7.61	15.5	YES	300	
13	0.540	142	76.7	15.1	7.61	16.1	YES	300	
14	0.540	142	76.7	14.8	7.58	16.2	YES	300	
15	0.570	142	80.9	15.6	7.53	15.2	YES	300	
16	0.680	142	96.6	14.8	7.56	16.4	YES	300	
17	0.550	142	78.1	16.1	7.60	15.0	YES	300	
18	0.550	142	78.1	16.8	7.61	14.4	YES	300	
19	0.540	142	76.7	16.9	7.63	14.4	YES	300	
20	0.520	142	73.8	15.4	7.68	16.2	YES	300	
21	0.490	142	69.6	16.4	7.67	15.0	YES	300	
22	0.460	142	65.3	15.9	7.63	15.2	YES	300	
23	0.470	142	66.7	15.6	7.62	15.5	YES	300	
24	0.460	142	65.3	15.8	7.57	15.0	YES	300	
25	0.460	142	65.3	16.1	7.61	14.9	YES	300	
26	0.520	142	73.8	15.8	7.48	14.6	YES	300	
27	0.480	142	68.2	16.3	7.59	14.6	YES	300	
28	0.480	142	68.2	16.0	7.58	14.9	YES	300	
29	0.580	142	82.4	15.3	7.62	16.0	YES	300	
30	0.530	142	75.3	16.1	7.61	15.0	YES	300	
31	0.510	142	72.4	15.9	7.60	15.2	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 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