

OHA - DWS

Membrane Filter Monthly Operating Report

County: **Tillamook**

System Name: **Oceanside Water District**

Month/Year: **October, 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	0.015	0.021	0.021	0.034	4.371	Y
2	0.018	0.020	0.020	0.034	4.461	Y
3	0.014	0.027	0.027	0.032	4.416	Y
4	0.015	0.018	0.018	0.032	4.394	Y
5	0.015	0.020	0.020	0.031	4.461	Y
6	0.015	0.017	0.017	0.032	4.357	Y
7	0.019	0.028	0.028	0.032	4.408	Y
8	0.015	0.029	0.029	0.033	4.334	Y
9	0.015	0.020	0.020	0.033	4.536	Y
10	0.015	0.031	0.031	0.030	4.620	Y
11	0.015	0.019	0.019	0.027	4.559	Y
12	0.015	0.016	0.016	0.027	4.604	Y
13	0.016	0.021	0.021	0.028	4.529	Y
14	0.015	0.020	0.020	0.036	4.376	Y
15	0.015	0.018	0.018	0.036	4.449	Y
16	0.015	0.018	0.018	0.028	4.549	Y
17	0.015	0.018	0.018	0.027	4.585	Y
18	0.015	0.024	0.024	0.027	4.594	Y
19	0.015	0.016	0.016	0.028	4.486	Y
20	0.015	0.020	0.020	0.034	4.410	Y
21	0.015	0.022	0.022	0.039	4.321	Y
22	0.015	0.016	0.016	0.039	4.392	Y
23	0.015	0.024	0.024	0.034	4.387	Y
24	0.015	0.018	0.018	0.027	4.481	Y
25	0.015	0.022	0.022	0.028	4.455	Y
26	0.016	0.019	0.019	0.026	4.660	Y
27	0.019	0.020	0.020	0.021	4.750	Y
28	0.019	0.019	0.019	0.025	4.600	Y
29	0.019	0.019	0.019	0.034	4.411	Y
30	0.019	0.019	0.019	0.028	4.620	Y
31	0.019	0.019	0.019	0.024	4.936	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: **11/4/2025**

SIGNATURE: 

WT CERT #: **T-650708**

Notes:

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

Disinfection Monthly Operating Report

System Name: Oceanside Water DistrictPWS ID#: 41 - 00585Plant 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	0.420	80	33.6	14.6	7.54	16.0	YES	300	
2	0.480	80	38.4	14.9	7.46	15.3	YES	300	
3	0.470	80	37.6	14.6	7.52	16.0	YES	300	
4	0.510	80	40.8	14.9	7.51	15.7	YES	300	
5	0.360	80	28.8	14.5	7.46	15.5	YES	300	
6	0.500	80	40.0	14.5	7.46	15.8	YES	300	
7	0.470	80	37.6	15.0	7.47	15.3	YES	300	
8	0.520	80	41.6	14.4	7.53	16.3	YES	300	
9	0.530	80	42.4	14.3	7.51	16.3	YES	300	
10	0.490	80	39.2	15.1	7.52	15.5	YES	300	
11	0.490	80	39.2	14.2	7.49	16.3	YES	300	
12	0.490	80	39.2	14.3	7.44	15.9	YES	300	
13	0.420	80	33.6	13.4	7.40	16.5	YES	300	
14	0.410	80	32.8	13.5	7.45	16.6	YES	300	
15	0.800	80	64.0	10.0	7.44	22.0	YES	300	
16	0.380	80	30.4	12.8	7.50	17.7	YES	300	
17	0.440	80	35.2	15.3	7.51	15.1	YES	300	
18	0.420	80	33.6	15.8	7.50	14.5	YES	300	
19	0.490	80	39.2	12.8	7.52	18.0	YES	300	
20	0.380	80	30.4	13.0	7.55	17.8	YES	300	
21	0.290	80	23.2	13.5	7.51	16.8	YES	300	
22	0.350	80	28.0	13.7	7.53	16.8	YES	300	
23	0.280	80	22.4	17.1	7.46	12.9	YES	300	
24	0.360	80	28.8	14.4	7.52	16.0	YES	300	
25	0.340	80	27.2	15.2	7.57	15.4	YES	300	
26	0.250	80	20.0	12.9	7.54	17.6	YES	300	
27	0.250	80	20.0	12.9	7.60	18.0	YES	300	
28	0.200	80	16.0	13.6	7.42	16.0	YES	300	
29	0.380	80	30.4	12.8	7.83	20.0	YES	300	
30	0.520	80	41.6	13.1	7.66	18.7	YES	300	
31	0.620	80	49.6	12.3	7.65	20.0	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

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