

OHA - DWS

Membrane Filter Monthly Operating Report

County: **Tillamook**

System Name: **Oceanside Water District**

Month/Year: **January, 2026**

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	0.017	0.017	0.034	4.294	Y
2	0.015	0.018	0.018	0.034	4.286	Y
3	0.015	0.031	0.031	0.034	4.386	Y
4	0.016	0.018	0.018	0.033	4.362	Y
5	0.015	0.020	0.020	0.033	4.350	Y
6	0.015	0.018	0.018	0.031	4.342	Y
7	0.016	0.018	0.018	0.031	4.387	Y
8	0.015	0.020	0.020	0.028	4.401	Y
9	0.016	0.017	0.017	0.028	4.396	Y
10	0.015	0.032	0.032	0.036	4.237	Y
11	0.015	0.024	0.024	0.024	4.756	Y
12	0.015	0.024	0.024	0.034	4.359	Y
13	0.015	0.018	0.018	0.027	4.568	Y
14	0.015	0.026	0.026	0.027	4.605	Y
15	0.015	0.020	0.020	0.032	4.398	Y
16	0.016	0.018	0.018	0.032	4.389	Y
17	0.015	0.031	0.031	0.028	4.534	Y
18	0.015	0.019	0.019	0.026	4.521	Y
19	0.015	0.025	0.025	0.026	4.583	Y
20	0.015	0.022	0.022	0.014	5.346	Y
21	0.016	0.017	0.017	0.031	4.423	Y
22	0.015	0.031	0.031	0.032	4.377	Y
23	0.016	0.017	0.017	0.032	4.376	Y
24	0.015	0.020	0.020	0.023	4.597	Y
25	0.015	0.021	0.021	0.026	4.549	Y
26	0.016	0.016	0.016	0.035	4.307	Y
27	0.015	0.020	0.020	0.023	4.639	Y
28	0.016	0.017	0.017	0.033	4.370	Y
29	0.015	0.024	0.024	0.034	4.324	Y
30	0.015	0.016	0.016	0.036	4.289	Y
31	0.015	0.022	0.022	0.036	4.304	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 **DATE:** 2/3/2026
SIGNATURE:  **WT CERT #:** T-650708
Notes: **PHONE #:** 503-842-6462

* Used for optimization purposes only.

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
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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	0.780	142	110.8	16.8	7.44	13.9	YES	300	
2	0.810	142	115.0	12.8	7.84	21.1	YES	300	
3	0.840	142	119.3	11.1	7.68	22.4	YES	300	
4	0.790	142	112.2	10.6	7.74	23.5	YES	300	
5	0.750	142	106.5	11.0	7.64	22.0	YES	300	
6	0.700	142	99.4	10.5	7.69	23.0	YES	300	
7	0.720	142	102.2	10.3	7.56	22.3	YES	300	
8	0.650	142	92.3	14.5	7.30	15.1	YES	300	
9	0.640	142	90.9	10.8	7.43	20.4	YES	300	
10	0.660	142	93.7	11.8	7.32	18.5	YES	300	
11	0.610	142	86.6	10.7	7.34	19.9	YES	300	
12	0.640	142	90.9	11.7	7.44	19.3	YES	300	
13	0.640	142	90.9	11.5	7.75	21.8	YES	300	
14	0.580	142	82.4	11.4	7.42	19.4	YES	300	
15	0.570	142	80.9	10.7	7.50	20.9	YES	300	
16	0.590	142	83.8	11.6	7.76	21.6	YES	300	
17	0.710	142	100.8	11.4	7.42	19.7	YES	300	
18	0.580	142	82.4	10.5	7.66	22.4	YES	300	
19	0.630	142	89.5	10.9	7.60	21.5	YES	300	
20	0.670	142	95.1	11.4	7.63	21.1	YES	300	
21	0.610	142	86.6	11.0	7.68	21.9	YES	300	
22	0.620	142	88.0	12.7	7.88	21.0	YES	300	
23	0.650	142	92.3	11.1	7.78	22.7	YES	300	
24	0.650	142	92.3	10.8	7.62	21.9	YES	300	
25	0.590	142	83.8	10.0	7.83	24.7	YES	300	
26	0.650	142	92.3	10.7	7.79	23.4	YES	300	
27	0.550	142	78.1	10.4	7.73	23.1	YES	300	
28	0.510	142	72.4	12.4	7.64	19.5	YES	300	
29	0.630	142	89.5	10.8	7.54	21.2	YES	300	
30	0.580	142	82.4	10.8	7.58	21.4	YES	300	
31	0.680	142	96.6	11.7	7.47	19.6	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