

# OHA - DWS

## Membrane Filter Monthly Operating Report

County: Tillamook

System Name: Oceanside Water District

Month/Year: Apr-2024

PWS ID#: 41 - 00585

Minimum test pressure applied: 20.3 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

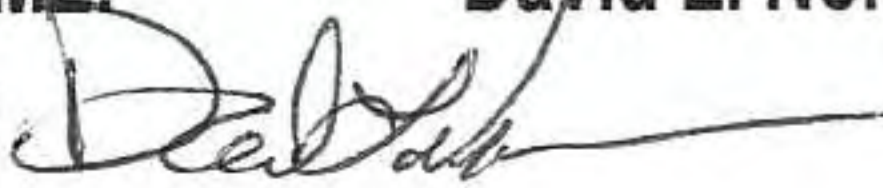
LRC = Log Removal Credit

Day	CFE Daily Turbidity [NTU]	Highest CFE* [NTU]	Highest IFE [NTU]	PDR <sub>Max</sub> [psi/min]		LRC [log removal]	DIT Daily
				0.090	4.00		
				Highest PDR of day [psi/min]	Lowest LRV <sub>ambient</sub> of day [log removal]		[Y/N] or "off"
1	0.014	0.014	0.014	0.05	4.16	Y	
2	0.014	0.014	0.014	0.06	4.19	Y	
3	0.014	0.015	0.015	0.05	4.28	Y	
4	0.014	0.014	0.014	0.04	4.24	Y	
5	0.014	0.014	0.014	0.05	4.13	Y	
6	0.014	0.014	0.014	0.05	4.12	Y	
7	0.014	0.015	0.015	0.06	4.14	Y	
8	0.014	0.014	0.014	0.05	4.16	Y	
9	0.014	0.015	0.015	0.04	4.21	Y	
10	0.014	0.014	0.014	0.06	4.15	Y	
11	0.014	0.014	0.014	0.06	4.02	Y	
12	0.014	0.015	0.015	0.01	4.61	Y	
13	0.014	0.014	0.014	0.05	4.21	Y	
14	0.014	0.015	0.015	0.03	4.41	Y	
15	0.014	0.016	0.016	0.02	4.57	Y	
16	0.014	0.014	0.014	0.07	4.07	Y	
17	0.014	0.014	0.014	0.06	4.19	Y	
18	0.000	0	0.000	0.02	4.48	Y	
19	0.014	0.015	0.014	0.01	4.46	Y	
20	0.014	0.023	0.023	0.02	4.44	Y	
21	0.014	0.014	0.014	0.02	4.38	Y	
22	0.014	0.014	0.014	0.04	4.45	Y	
23	0.014	0.014	0.014	0.02	4.37	Y	
24	0.014	0.039	0.059	0.06	4.25	Y	
25	0.014	0.014	0.014	0.02	4.39	Y	
26	0.000	0	0.000	0.03	4.35	Y	
27	0.014	0.014	0.014	0.03	4.38	Y	
28	0.014	0.014	0.014	0.08	4.01	Y	
29	0.000	0	0.000	0.03	4.31	Y	
30	0.000	0	0.000	0.03	4.35	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 <sub>Max</sub> , LRV ≥ LRC)	DIT Daily?
Yes	Yes	Yes	Yes	Yes
CT's met daily? (p. 2)	All Cl <sub>2</sub> residual at EP ≥ 0.2 mg/L?	PDR ≤ PDR <sub>Max</sub> ?	LRV <sub>ambient</sub> ≥ LRC?	
Yes	Yes	Yes	Yes	

PRINTED NAME: David L. Nordman      DATE: 5/7/2024

SIGNATURE:       WT CERT #: T 08918

Notes:      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 <sub>2</sub> Residual at 1 <sup>st</sup> 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	0.850	142	120.7	11.8	7.57	20.6	YES	300	
2	0.400	142	56.8	11.6	7.49	19.3	YES	300	
3	0.920	142	130.6	12.1	7.55	20.2	YES	300	
4	0.930	142	132.1	12.0	7.52	20.1	YES	300	
5	0.890	142	126.4	11.4	7.49	20.6	YES	300	
6	0.900	142	127.8	11.4	7.64	21.8	YES	300	
7	0.940	142	133.5	11.3	7.69	22.4	YES	300	
8	0.920	142	130.6	12.3	7.61	20.3	YES	300	
9	0.840	142	119.3	12.0	7.59	20.4	YES	300	
10	0.910	142	129.2	11.4	7.65	21.9	YES	300	
11	0.880	142	125.0	11.9	7.54	20.3	YES	300	
12	0.800	142	113.6	11.5	7.82	22.8	YES	300	
13	0.850	142	120.7	11.4	7.61	21.4	YES	300	
14	0.860	142	122.1	11.1	7.79	23.3	YES	300	
15	0.840	142	119.3	12.2	7.64	20.5	YES	300	
16	0.780	142	110.8	11.4	7.58	21.0	YES	300	
17	1.010	142	143.4	11.2	7.46	21.0	YES	300	
18	0.850	142	120.7	11.8	7.65	21.2	YES	300	Plant off
19	0.870	142	123.5	12.3	7.58	20.0	YES	300	
20	0.860	142	122.1	11.9	7.49	19.9	YES	300	
21	0.850	142	120.7	12.0	7.78	21.9	YES	300	
22	0.890	142	126.4	12.2	7.71	21.1	YES	300	
23	0.810	142	115.0	12.2	7.66	20.6	YES	300	
24	0.870	142	123.5	12.2	7.59	20.2	YES	300	
25	0.830	142	117.9	12.0	7.72	21.3	YES	300	
26	0.900	142	127.8	12.4	7.63	20.3	YES	300	Plant off
27	0.840	142	119.3	11.8	7.73	21.7	YES	300	
28	0.870	142	123.5	12.1	7.55	20.1	YES	300	
29	0.720	142	102.2	12.1	7.76	21.2	YES	300	Plant off
30	0.730	142	103.7	11.6	7.66	21.2	YES	300	Plant off
31									

\* 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 10<sup>th</sup> of following month by**

mail: Drinking Water Services  
PO Box 14350  
Portland, OR 97293-0350  
email: [dwp.dmce@odhsoha.oregon.gov](mailto:dwp.dmce@odhsoha.oregon.gov)  
fax: 971-673-0458