

# OHA - DWS

## Membrane Filter Monthly Operating Report

County: Tillamook

System Name: Oceanside Water District

Month/Year: Jul-2024

PWS ID#: 41 - 00585

Minimum test pressure applied: P  psi

Plant ID: WTP - A  
(e.g., "A")

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

<b>PDR<sub>Max</sub> [psi/min]</b>	<b>LRC [log removal]</b>
<b>0.900</b> <input checked="" type="checkbox"/>	<b>4.00</b>

**DIT Daily**

Day	CFE Daily Turbidity [NTU]	Highest CFE* [NTU]	Highest IFE [NTU]	Highest PDR of day [psi/min]	Lowest LRV <sub>ambient</sub> of day [log removal]	[Y/N] or "off"
1	0.013	0.013	0.013	0.03	4.59	Y
2	0.013	0.013	0.013	0.01	5.46	Y
3	0.013	0.013	0.013	0.03	4.53	Y
4	0.013	0.013	0.013	0.03	4.48	Y
5	0.013	0.013	0.013	0.03	4.57	Y
6	0.014	0.014	0.014	0.04	4.33	Y
7	0.014	0.014	0.014	0.03	4.38	Y
8	0.014	0.014	0.014	0.05	4.37	Y
9	0.014	0.014	0.014	0.05	4.18	Y
10	0.014	0.014	0.014	0.04	4.02	Y
11				0.04	4.27	Y
12	0.014	0.014	0.014	0.03	4.63	Y
13	0.017	0.017	0.017	0.03	4.44	Y
14	0.017	0.017	0.017	0.03	4.50	Y
15	0.014	0.014	0.014	0.03	4.47	Y
16	0.014	0.014	0.014	0.03	4.58	Y
17	0.014	0.014	0.014	0.03	4.58	Y
18	0.014	0.014	0.014	0.02	5.03	Y
19	0.015	0.015	0.015	0.02	4.89	Y
20	0.015	0.015	0.015	0.02	4.71	Y
21	0.015	0.015	0.015	0.03	4.67	Y
22	0.015	0.015	0.015	0.04	4.44	Y
23	0.015	0.015	0.015	0.02	4.75	Y
24	0.015	0.015	0.015	0.03	4.61	Y
25	0.014	0.014	0.014	0.02	4.84	Y
26	0.014	0.014	0.014	0.04	4.38	Y
27	0.012	0.012	0.012	0.04	4.32	Y
28	0.012	0.012	0.012	0.04	4.30	Y
29	0.012	0.012	0.012	0.05	4.19	Y
30	0.012	0.012	0.012	0.04	4.12	Y
31	0.014	0.014	0.014	0.02	4.78	Y

<b>3</b>				
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: <b>David L. Nordman</b> SIGNATURE: Notes:	DATE: <b>8/7/2024</b> WT CERT #: <b>T08918</b> PHONE #: <b>503-842-6462</b>
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♣ Used for optimization purposes only.

**Disinfection Monthly Operating Report**

System Name: Oceanside Water District

PWS ID#: 41 - 00585

Plant ID : WTP - A

<b>0.5</b>	↔ Log Inactivation Required via Disinfection
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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	0.780	142	110.8	15.8	7.41	14.7	YES	300	
2	0.820	142	116.4	15.9	7.52	15.2	YES	300	
3	0.870	142	123.5	15.3	7.41	15.3	YES	300	
4	0.900	142	127.8	14.8	7.61	17.1	YES	300	
5	0.800	142	113.6	17.0	7.57	14.4	YES	300	
6	0.840	142	119.3	16.6	7.62	15.1	YES	300	
7	0.790	142	112.2	16.3	7.71	15.9	YES	300	
8	0.700	142	99.4	16.5	7.73	15.6	YES	300	
9	0.700	142	99.4	16.5	7.62	15.0	YES	300	
10	0.730	142	103.7	16.6	7.63	15.0	YES	300	
11	0.660	142	93.7	16.6	7.65	15.0	YES	300	OFF
12	0.720	142	102.2	15.8	7.46	14.8	YES	300	
13	0.820	142	116.4	16.1	7.56	15.3	YES	300	
14	0.810	142	115.0	16.4	7.73	15.9	YES	300	
15	0.890	142	126.4	16.4	7.65	15.6	YES	300	
16	0.840	142	119.3	16.8	7.56	14.6	YES	300	
17	0.830	142	117.9	16.1	7.66	15.9	YES	300	
18	1.040	142	147.7	16.7	7.66	15.6	YES	300	
19	0.970	142	137.7	16.4	7.62	15.6	YES	300	
20	0.740	142	105.1	16.5	7.63	15.1	YES	300	
21	0.800	142	113.6	16.3	7.57	15.1	YES	300	
22	0.770	142	109.3	16.1	7.56	15.2	YES	300	
23	0.760	142	107.9	16.6	7.54	14.6	YES	300	
24	0.830	142	117.9	15.8	7.55	15.5	YES	300	
25	0.890	142	126.4	15.9	7.44	14.9	YES	300	
26	0.950	142	134.9	16.0	7.50	15.2	YES	300	
27	0.890	142	126.4	15.7	7.53	15.6	YES	300	
28	0.850	142	120.7	16.0	7.57	15.5	YES	300	
29	0.810	142	115.0	16.4	7.63	15.3	YES	300	
30	0.750	142	106.5	16.1	7.61	15.4	YES	300	
31	0.710	142	100.8	15.9	7.50	14.9	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 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