

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: **Oct-2024**

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

Day	CFE Daily Turbidity [NTU]	Highest CFE* [NTU]	Highest IFE [NTU]	PDR _{Max} [psi/min]		LRC [log removal]	DIT Daily
				0.090	4.00		
				Highest PDR of day [psi/min]	Lowest LRV _{ambient} of day [log removal]		[Y/N] or "off"
1	0.014	0.014	0.014	0.02	5.29		Y
2	0.014	0.014	0.014	0.02	45.42		Y
3	0.013	0.014	0.014	0.02	5.05		Y
4	0.014	0.014	0.014	0.03	4.84		Y
5	0.013	0.013	0.013	0.03	4.84		Y
6	0.014	0.014	0.014	0.03	4.73		Y
7	0.014	0.014	0.014	0.02	4.64		Y
8	0.014	0.014	0.014	0.04	4.79		Y
9	0.014	0.014	0.014	0.03	4.49		Y
10	0.014	0.015	0.015	0.03	4.59		Y
11	0.013	0.014	0.014	0.04	4.75		Y
12	0.013	0.014	0.014	0.03	4.46		Y
13	0.012	0.014	0.014	0.03	4.72		Y
14	0.014	0.014	0.014	0.04	4.56		Y
15	0.014	0.014	0.014	0.04	4.43		Y
16	0.014	0.014	0.014	0.03	4.43		Y
17	0.014	0.014	0.014	0.03	4.53		Y
18	0.014	0.014	0.014	0.04	4.45		Y
19	0.014	0.014	0.014	0.02	4.89		Y
20	0.014	0.014	0.014	0.03	4.56		Y
21				0.05	4.25		Y
22	0.014	0.014	0.014	0.05	4.28		Y
23	0.014	0.014	0.014	0.05	4.32		Y
24	0.014	0.014	0.014	0.02	5.07		Y
25	0.014	0.014	0.014	0.02	4.90		Y
26	0.014	0.014	0.014	0.03	4.58		Y
27	0.014	0.014	0.014	0.03	4.37		Y
28	0.014	0.014	0.014	0.04	4.21		Y
29	0.014	0.014	0.014	0.03	4.66		Y
30	0.014	0.014	0.014	0.04	4.38		Y
31	0.014	0.014	0.014	0.04	4.46		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**

SIGNATURE: 

DATE: **11/8/2024**

WT CERT #: **T-650708**

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

Notes:

Disinfection Monthly Operating Report

System Name: Oceanside Water District

PWS ID#: 41 - 00585

0.5

↳ Log Inactivation Required via Disinfection

Plant ID : WTP - A

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	0.960	142	136.3	14.7	7.43	16.2	YES	300	
2	0.700	142	99.4	15.8	7.48	14.9	YES	300	
3	0.680	142	96.6	15.8	7.34	14.1	YES	300	
4	0.560	142	79.5	14.8	7.58	16.3	YES	300	
5	0.750	142	106.5	14.1	7.42	16.4	YES	300	
6	0.750	142	106.5	14.3	7.39	16.0	YES	300	
7	0.710	142	100.8	14.9	7.54	16.2	YES	300	
8	0.800	142	113.6	13.9	7.72	18.7	YES	300	
9	0.680	142	96.6	14.8	7.71	17.3	YES	300	
10	0.700	142	99.4	14.2	7.49	16.6	YES	300	
11	0.790	142	112.2	14.2	7.62	17.6	YES	300	
12	0.780	142	110.8	15.3	7.54	15.9	YES	300	
13	0.710	142	100.8	14.4	7.55	16.8	YES	300	
14	0.730	142	103.7	14.7	7.57	16.6	YES	300	
15	0.840	142	119.3	14.2	7.49	16.9	YES	300	
16	0.770	142	109.3	14.9	7.51	16.1	YES	300	
17	0.690	142	98.0	14.0	7.73	18.4	YES	300	
18	0.660	142	93.7	14.3	7.63	17.3	YES	300	
19	0.750	142	106.5	13.3	7.68	19.1	YES	300	
20	0.780	142	110.8	14.7	7.69	17.5	YES	300	
21	0.740	142	105.1	14.2	7.71	18.1	YES	300	Off
22	0.690	142	98.0	13.9	7.70	18.3	YES	300	
23	0.770	142	109.3	13.6	7.72	19.0	YES	300	
24	0.680	142	96.6	13.3	7.62	18.5	YES	300	
25	0.750	142	106.5	13.3	7.68	19.1	YES	300	
26	0.730	142	103.7	13.4	7.65	18.7	YES	300	
27	0.680	142	96.6	13.6	7.67	18.5	YES	300	
28	0.530	142	75.3	13.2	7.62	18.3	YES	300	
29	0.540	142	76.7	13.4	7.66	18.4	YES	300	
30	0.540	142	76.7	13.3	7.67	18.6	YES	300	
31	0.450	142	63.9	13.6	7.61	17.6	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