

# OHA - DWS

## Membrane Filter Monthly Operating Report

County: Tillamook

System Name: Oceanside Cape Meares

Month/Year: Mar-2024

PWS ID#: 41 - 00882

Minimum test pressure applied: 20.3 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

PDR<sub>Max</sub> [<sup>psi</sup>/<sub>min</sub>]

LRC [log removal]

**0.072**

**4.00**

**DIT  
Daily**

Day	CFE Daily Turbidity [NTU]	Highest CFE* [NTU]	Highest IFE [NTU]	Highest PDR of day [ <sup>psi</sup> / <sub>min</sub> ]	Lowest LRV <sub>ambient</sub> of day [log removal]	[Y/N] or "off"
1	0.011	0.011	0.011	0.05	4.16	Y
2	0.011	0.012	0.012	0.06	4.29	Y
3	0.000	0	0.000	0.03	4.28	Y
4	0.011	0.011	0.011	0.03	4.27	Y
5	0.011	0.011	0.011	0.03	4.31	Y
6	0.000	0	0.000	0.03	4.26	Y
7	0.011	0.012	0.012	0.06	4.18	Y
8	0.000	0	0.000	0.02	4.32	Y
9	0.000	0	0.000	0.04	4.22	Y
10	0.011	0.011	0.011	0.03	4.46	Y
11	0.000	0	0.000	0.03	4.22	Y
12	0.011	0.011	0.011	0.03	4.25	Y
13	0.011	0.011	0.011	0.03	4.20	Y
14	0.011	0.012	0.012	0.03	4.25	Y
15	0.011	0.011	0.011	0.03	4.48	Y
16	0.011	0.012	0.012	0.05	4.23	Y
17	0.011	0.011	0.011	0.02	4.59	Y
18	0.000	0	0.000	0.02	4.52	Y
19	0.011	0.012	0.012	0.05	4.17	Y
20	0.010	0.011	0.011	0.02	4.66	Y
21	0.000	0	0.000	0.02	4.43	Y
22	0.011	0.011	0.011	0.05	4.12	Y
23	0.011	0.011	0.011	0.02	4.62	Y
24	0.000	0	0.000	0.03	4.35	Y
25	0.011	0.011	0.011	0.02	4.44	Y
26	0.011	0.011	0.011	0.02	4.40	Y
27	0.011	0.012	0.012	0.05	4.25	Y
28	0.011	0.012	0.012	0.05	4.44	Y
29	0.011	0.011	0.011	0.03	4.33	Y
30	0.011	0.011	0.011	0.02	4.40	Y
31	0.010	0.013	0.013	0.03	4.39	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?
<b>Yes</b>	<b>Yes</b>	<b>Yes</b>	<b>Yes</b>	<b>Yes</b>
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?	
<b>Yes</b>	<b>Yes</b>	<b>Yes</b>	<b>Yes</b>	

PRINTED NAME: David L. Nordman

DATE: 4/15/2024

SIGNATURE:

WT CERT #: T08918

Notes: Corrected Reports

PHONE #: 503-842-6462

\* Used for optimization purposes only.

# OHA-DWS

## Disinfection Monthly Operating Report

System Name: **Oceanside Cape Meares**

PWS ID#: 41 - **00882**

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	1.070	170	181.9	8.6	7.45	25.0	YES	100	
2	0.750	170	127.5	8.9	7.47	23.8	YES	100	
3	0.850	170	144.5	8.0	7.67	27.4	YES	100	Plant Off
4	0.910	170	154.7	9.2	7.43	23.4	YES	100	
5	0.990	170	168.3	7.7	7.56	27.3	YES	100	
6	0.870	170	147.9	8.2	7.44	25.0	YES	100	Plant Off
7	0.750	170	127.5	8.6	7.53	24.8	YES	100	
8	0.790	170	134.3	8.4	7.75	27.3	YES	100	Plant Off
9	0.760	170	129.2	8.0	7.51	25.6	YES	100	Plant Off
10	0.840	170	142.8	8.1	7.82	28.7	YES	100	
11	0.890	170	151.3	8.8	7.69	26.3	YES	100	Plant Off
12	0.900	170	153.0	9.6	7.64	24.5	YES	100	
13	0.910	170	154.7	8.6	7.68	26.6	YES	100	
14	0.960	170	163.2	8.8	7.68	26.4	YES	100	
15	0.770	170	130.9	9.4	7.59	24.1	YES	100	
16	0.970	170	164.9	11.1	7.46	21.0	YES	100	
17	0.910	170	154.7	10.2	7.58	23.1	YES	100	
18	0.950	170	161.5	11.6	7.47	20.4	YES	100	Plant Off
19	0.940	170	159.8	11.2	7.41	20.4	YES	100	
20	0.940	170	159.8	11.5	7.61	21.5	YES	100	
21	1.000	170	170.0	11.9	7.62	21.1	YES	100	Plant Off
22	0.970	170	164.9	11.9	7.37	19.3	YES	100	
23	0.970	170	164.9	11.0	7.47	21.2	YES	100	
24	0.940	170	159.8	11.3	7.57	21.5	YES	100	Plant Off
25	0.920	170	156.4	11.2	7.57	21.6	YES	100	
26	0.840	170	142.8	11.6	7.52	20.5	YES	100	
27	0.920	170	156.4	11.1	7.35	20.1	YES	100	
28	0.800	170	136.0	10.9	7.52	21.3	YES	100	
29	0.920	170	156.4	11.4	7.43	20.3	YES	100	
30	0.900	170	153.0	10.4	7.49	22.1	YES	100	
31	0.900	170	153.0	11.7	7.40	19.6	YES	100	

\* 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

p. 2 of 2