

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: **21** 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_{Max} [psi/min]	LRC [log removal]	
	0.072	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	0.000	0	0.000	0.02	4.43	Y
2	0.011	0.011	0.011	0.03	4.32	Y
3	0.012	0.012	0.012	0.02	4.42	Y
4	0.000	0	0.000	0.03	4.37	Y
5	0.012	0.013	0.013	0.03	4.26	Y
6	0.000	0	0.000	0.03	4.30	Y
7	0.012	0.017	0.017	0.06	4.43	Y
8	0.012	0.012	0.012	0.02	5.23	Y
9	0.000	0	0.000	0.02	4.69	Y
10	0.013	0.013	0.013	0.02	4.55	Y
11	0.012	0.012	0.012	0.03	4.31	Y
12	0.013	0.013	0.013	0.02	4.50	Y
13	0.012	0.012	0.012	0.02	4.41	Y
14	0.012	0.012	0.012	0.04	4.17	Y
15	0.013	0.013	0.013	0.02	4.42	Y
16	0.012	0.012	0.012	0.02	4.49	Y
17	0.012	0.012	0.012	0.05	4.11	Y
18	0.012	0.012	0.012	0.02	4.55	Y
19	0.012	0.012	0.012	0.02	4.51	Y
20	0.012	0.012	0.012	0.02	4.58	Y
21	0.012	0.012	0.012	0.02	4.58	Y
22	0.009	0.009	0.009	0.01	4.60	Y
23	0.009	0.009	0.009	0.01	4.60	Y
24	0.009	0.009	0.009	0.02	4.42	Y
25	0.010	0.01	0.010	0.02	4.33	Y
26	0.009	0.009	0.009	0.02	4.41	Y
27	0.009	0.009	0.009	0.02	4.50	Y
28	0.000	0	0.000	0.00	4.49	Y
29	0.009	0.009	0.009	0.02	4.38	Y
30	0.009	0.009	0.009	0.02	4.31	Y
31	0.009	0.009	0.009	0.02	4.34	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	

<p>PRINTED NAME: David Nordman</p> <p>SIGNATURE: </p> <p>Notes: Westech is installing software for Ambient LRV, awaiting Tag to program reports</p>	<p>DATE: 6/10/2024</p> <p>WT CERT #: T08918</p> <p>PHONE #: 503-842-6462</p>
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♣ 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 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	0.730	170	124.1	12.2	7.41	18.7	YES	100	OFF
2	0.740	170	125.8	11.8	7.39	19.1	YES	100	
3	0.750	170	127.5	12.3	7.34	18.2	YES	100	
4	0.760	170	129.2	11.2	7.36	19.7	YES	100	OFF
5	0.720	170	122.4	12.0	7.55	19.9	YES	100	
6	0.750	170	127.5	12.0	7.68	20.9	YES	100	
7	0.760	170	129.2	12.2	7.63	20.3	YES	100	
8	0.710	170	120.7	12.0	7.55	19.8	YES	100	
9	0.780	170	132.6	12.1	7.59	20.2	YES	100	OFF
10	0.650	170	110.5	13.5	7.53	17.6	YES	100	
11	0.750	170	127.5	13.0	7.56	18.6	YES	100	
12	0.710	170	120.7	13.6	7.72	18.9	YES	100	
13	0.740	170	125.8	14.2	7.80	18.8	YES	100	
14	0.700	170	119.0	13.7	7.74	18.9	YES	100	
15	0.730	170	124.1	14.3	7.56	17.0	YES	100	
16	0.770	170	130.9	14.1	7.61	17.7	YES	100	
17	0.780	170	132.6	14.8	7.57	16.6	YES	100	
18	0.720	170	122.4	14.0	7.57	17.4	YES	100	
19	0.830	170	141.1	14.1	7.46	16.8	YES	100	
20	0.860	170	146.2	14.4	7.48	16.7	YES	100	
21	0.770	170	130.9	14.2	7.36	16.0	YES	100	
22	0.850	170	144.5	14.3	7.32	15.8	YES	100	
23	0.750	170	127.5	13.7	7.31	16.2	YES	100	
24	0.770	170	130.9	13.8	7.40	16.7	YES	100	
25	0.860	170	146.2	13.4	7.35	17.0	YES	100	
26	0.850	170	144.5	18.9	7.41	12.0	YES	100	
27	0.900	170	153.0	13.9	7.41	16.9	YES	100	
28	0.860	170	146.2	13.9	7.56	17.7	YES	100	OFF
29	0.770	170	130.9	14.1	7.50	17.0	YES	100	
30	0.760	170	129.2	13.8	7.65	18.3	YES	100	
31	0.760	170	129.2	14.9	7.55	16.4	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 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