

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

PDR_{Max} [psi/min]

LRC [log removal]

DIT
Daily

LRC = Log Removal Credit

0.072

4.00

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	0.009	0.009	0.009	0.04	4.30	Yes
2	0.000	0	0.000	0.04	4.31	OFF
3	0.009	0.009	0.009	0.04	4.18	Yes
4	0.000	0	0.000	0.02	5.01	OFF
5	0.000	0	0.000	0.03	4.43	OFF
6	0.014	0.018	0.018	0.01	4.95	Yes
7	0.013	0.018	0.018	0.01	4.67	Yes
8	0.013	0.013	0.013	0.01	4.90	Yes
9	0.013	0.013	0.013	0.01	4.86	Yes
10	0.013	0.013	0.013	0.01	4.76	Yes
11	0.013	0.013	0.013	0.02	4.92	Yes
12	0.014	0.014	0.014	0.02	4.75	Yes
13	0.000	0	0.000	0.01	4.75	OFF
14	0.014	0.014	0.014	0.01	4.79	Yes
15	0.014	0.014	0.014	0.01	4.56	Yes
16	0.013	0.013	0.013	0.01	4.75	Yes
17	0.013	0.013	0.013	0.01	4.71	Yes
18	0.013	0.013	0.013	0.02	4.78	Yes
19	0.013	0.013	0.013	0.02	4.76	Yes
20	0.013	0.013	0.013	0.02	4.75	Yes
21	0.014	0.019	0.019	0.02	4.65	Yes
22	0.013	0.014	0.014	0.01	4.79	Yes
23	0.014	0.014	0.014	0.02	4.79	Yes
24	0.014	0.014	0.014	0.00	4.81	Yes
25	0.013	0.013	0.013	0.01	4.79	Yes
26	0.012	0.012	0.012	0.02	4.77	Yes
27	0.012	0.014	0.014	0.02	4.73	Yes
28	0.000	0	0.000	0.02	4.50	OFF
29	0.013	0.013	0.013	0.02	4.76	Yes
30	0.014	0.014	0.014	0.01	4.72	Yes
31						

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	

PRINTED NAME: **David L. Nordman**

DATE: **7/5/2024**

SIGNATURE: 

WT CERT #: **T 08918**

Notes:

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 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	0.710	170	120.7	14.0	7.60	17.6	YES	100	
2	0.760	170	129.2	14.2	7.68	18.0	YES	100	OFF
3	0.710	170	120.7	14.4	7.66	17.5	YES	100	
4	0.610	170	103.7	14.2	7.82	18.6	YES	100	OFF
5	0.650	170	110.5	13.7	7.64	18.1	YES	100	OFF
6	0.630	170	107.1	13.8	7.72	18.5	YES	100	
7	0.680	170	115.6	14.7	7.54	16.4	YES	100	
8	0.640	170	108.8	14.5	7.63	17.1	YES	100	
9	0.560	170	95.2	16.5	7.71	15.2	YES	100	
10	0.670	170	113.9	15.8	7.75	16.4	YES	100	
11	0.760	170	129.2	15.9	7.68	16.1	YES	100	
12	0.700	170	119.0	14.6	7.78	18.0	YES	100	
13	0.810	170	137.7	14.5	7.79	18.5	YES	100	OFF
14	0.750	170	127.5	14.6	7.79	18.2	YES	100	
15	0.880	170	149.6	14.4	7.77	18.6	YES	100	
16	0.930	170	158.1	14.8	7.93	19.3	YES	100	
17	0.860	170	146.2	14.5	7.81	18.7	YES	100	
18	0.890	170	151.3	14.9	7.82	18.3	YES	100	
19	0.940	170	159.8	14.7	7.85	18.9	YES	100	
20	0.890	170	151.3	15.5	7.73	17.0	YES	100	
21	0.890	170	151.3	14.8	7.75	18.0	YES	100	
22	0.960	170	163.2	15.0	7.64	17.2	YES	100	
23	0.920	170	156.4	15.1	7.61	16.8	YES	100	
24	0.900	170	153.0	15.3	7.57	16.3	YES	100	
25	0.900	170	153.0	15.2	7.49	15.9	YES	100	
26	0.900	170	153.0	15.1	7.39	15.5	YES	100	
27	0.860	170	146.2	15.8	7.36	14.5	YES	100	
28	0.810	170	137.7	15.3	7.46	15.5	YES	100	OFF
29	0.810	170	137.7	15.8	7.46	15.0	YES	100	
30	0.810	170	137.7	15.8	7.53	15.4	YES	100	
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 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