

# OHA - DWS

## Membrane Filter Monthly Operating Report

County: Tillamook

System Name: Oceanside Cape Meares

Month/Year: Jul-2024

PWS ID#: 41 - 00882

Minimum test pressure applied: 20 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>DIT Daily</b>
	<b>0.072</b>	<b>4.00</b>	

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	0.012	0.012	0.012	0.02	4.67	Y
2	0.013	0.013	0.013	0.01	4.71	Y
3	0.013	0.014	0.014	0.02	4.71	Y
4	0.014	0.014	0.014	0.02	4.66	Y
5	0.014	0.014	0.014	0.01	4.74	Y
6	0.014	0.014	0.014	0.02	4.74	Y
7	0.014	0.014	0.014	0.03	4.56	Y
8	0.014	0.014	0.014	0.03	4.58	Y
9	0.014	0.014	0.014	0.02	4.46	Y
10	0.014	0.014	0.014	0.02	4.56	Y
11	0.014	0.014	0.014	0.01	4.87	Y
12	0.013	0.013	0.013	0.01	4.05	Y
13	0.013	0.014	0.014	0.01	4.85	Y
14	0.013	0.013	0.013	0.02	4.79	Y
15	0.013	0.013	0.013	0.01	4.78	Y
16	0.013	0.013	0.013	0.01	4.75	Y
17	0.013	0.013	0.013	0.03	4.64	Y
18	0.014	0.014	0.014	0.01	4.76	Y
19	0.014	0.014	0.014	0.02	4.81	Y
20	0.014	0.014	0.014	0.02	4.77	Y
21	0.014	0.014	0.014	0.02	4.74	Y
22	0.014	0.014	0.014	0.01	4.73	Y
23	0.014	0.014	0.014	0.01	4.72	Y
24	0.014	0.014	0.014	0.01	4.78	Y
25	0.014	0.014	0.014	0.01	4.68	Y
26	0.014	0.014	0.014	0.01	4.71	Y
27	0.014	0.014	0.014	0.02	4.75	Y
28	0.014	0.014	0.014	0.02	4.76	Y
29	0.014	0.014	0.014	0.02	4.75	Y
30	0.014	0.014	0.014	0.01	4.66	Y
31	0.014	0.014	0.014	0.01	4.69	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?
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	

<b>PRINTED NAME:</b>	David L. Nordman	<b>DATE:</b>	8/7/2024
<b>SIGNATURE:</b>		<b>WT CERT #:</b>	t08918
<b>Notes:</b>		<b>PHONE #:</b>	503-842-6462

♣ Used for optimization purposes only.

**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 ) * [ <sup>mg</sup> / <sub>L</sub> = 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	0.810	170	137.7	16.4	7.56	14.9	YES	80	
2	0.690	170	117.3	16.6	7.68	15.2	YES	80	
3	0.590	170	100.3	16.5	7.83	16.0	YES	80	
4	0.570	170	96.9	16.0	7.95	17.3	YES	80	
5	0.690	170	117.3	16.4	7.84	16.3	YES	80	
6	0.760	170	129.2	16.5	7.66	15.3	YES	80	
7	0.770	170	130.9	16.6	7.58	14.8	YES	80	
8	0.770	170	130.9	16.8	7.61	14.8	YES	80	
9	0.700	170	119.0	17.0	7.62	14.5	YES	80	
10	0.700	170	119.0	16.7	7.69	15.2	YES	80	
11	0.620	170	105.4	16.4	7.76	15.7	YES	80	
12	0.630	170	107.1	16.8	7.71	15.1	YES	80	
13	0.710	170	120.7	14.3	7.66	17.6	YES	80	
14	0.650	170	110.5	16.3	7.70	15.6	YES	80	
15	0.530	170	90.1	16.5	7.77	15.5	YES	80	
16	0.690	170	117.3	17.0	7.77	15.3	YES	80	
17	0.840	170	142.8	16.5	7.79	16.2	YES	80	
18	0.770	170	130.9	16.5	7.82	16.3	YES	80	
19	0.840	170	142.8	16.8	7.74	15.6	YES	80	
20	0.840	170	142.8	16.8	7.76	15.7	YES	80	
21	0.850	170	144.5	16.8	7.88	16.5	YES	80	
22	0.870	170	147.9	16.3	7.80	16.6	YES	80	
23	0.880	170	149.6	16.6	7.79	16.2	YES	80	
24	0.850	170	144.5	16.6	7.84	16.4	YES	80	
25	0.840	170	142.8	16.9	7.81	15.9	YES	80	
26	0.870	170	147.9	16.6	7.80	16.2	YES	80	
27	0.760	170	129.2	16.2	7.81	16.5	YES	80	
28	0.530	170	90.1	16.5	7.71	15.2	YES	80	
29	0.480	170	81.6	16.4	7.55	14.3	YES	80	
30	0.390	170	66.3	16.6	7.52	13.8	YES	80	
31	0.430	170	73.1	17.0	7.57	13.8	YES	80	

\* If chlorine concentration at entry point < 0.2 <sup>mg</sup>/<sub>L</sub>, 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