

OHA - DWS

Membrane Filter Monthly Operating Report

County: Tillamook

System Name: Oceanside Cape Meares

Month/Year: Aug-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

Day	CFE Daily Turbidity [NTU]	Highest CFE* [NTU]	Highest IFE [NTU]	Highest PDR of day [^{psi} / _{min}]	Lowest LRV _{ambient} of day [log removal]	DIT Daily [Y/N] or "off"
				0.072	4.00	
1	0.014	0.014	0.014	0.02	4.73	Y
2	0.014	0.015	0.015	0.01	4.94	Y
3	0.014	0.015	0.015	0.01	4.85	Y
4	0.014	0.014	0.014	0.02	4.82	Y
5	0.014	0.014	0.014	0.02	4.81	Y
6	0.014	0.014	0.014	0.01	4.76	Y
7	0.041	0.014	0.014	0.01	4.77	Y
8	0.014	0.014	0.014	0.02	4.74	Y
9	0.014	0.015	0.015	0.01	4.74	Y
10	0.014	0.014	0.014	0.01	4.70	Y
11	0.014	0.014	0.014	0.01	4.76	Y
12	0.014	0.014	0.014	0.01	4.74	Y
13	0.014	0.014	0.014	0.01	4.76	Y
14	0.014	0.014	0.014	0.02	4.77	Y
15	0.014	0.014	0.014	0.02	4.76	Y
16	0.014	0.014	0.014	0.01	4.75	Y
17	0.014	0.014	0.014	0.02	4.70	Y
18	0.014	0.014	0.014	0.01	4.69	Y
19	0.014	0.014	0.014	0.02	4.65	Y
20	0.014	0.014	0.014	0.01	4.64	Y
21	0.014	0.014	0.014	0.02	4.82	Y
22	0.014	0.014	0.014	0.01	4.88	Y
23	0.014	0.014	0.014	0.01	4.84	Y
24	0.014	0.014	0.014	0.01	4.79	Y
25	0.014	0.014	0.014	0.01	4.78	Y
26	0.014	0.014	0.014	0.02	4.77	Y
27	0.014	0.014	0.014	0.01	4.76	Y
28	0.014	0.014	0.014	0.01	4.71	Y
29	0.014	0.014	0.014	0.01	4.70	Y
30	0.014	0.014	0.014	0.02	4.76	Y
31	0.014	0.014	0.014	0.02	4.77	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	

PRINTED NAME:	David L. Nordman	DATE:	9/10/2024
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	0.610	170	103.7	16.6	7.67	15.0	YES	80	
2	0.660	170	112.2	17.2	7.60	14.1	YES	80	
3	0.640	170	108.8	17.4	7.58	13.8	YES	80	
4	0.610	170	103.7	17.0	7.68	14.7	YES	80	
5	0.490	170	83.3	17.5	7.66	13.9	YES	80	
6	0.590	170	100.3	16.9	7.69	14.8	YES	80	
7	0.620	170	105.4	17.1	7.71	14.8	YES	80	
8	0.600	170	102.0	16.3	7.88	-0.4	YES	80	
9	0.640	170	108.8	16.5	7.78	15.8	YES	80	
10	0.600	170	102.0	16.8	7.71	15.0	YES	80	
11	0.590	170	100.3	17.0	7.71	14.8	YES	80	
12	0.590	170	100.3	17.2	7.69	14.5	YES	80	
13	0.750	170	127.5	16.4	7.59	15.0	YES	80	
14	0.800	170	136.0	16.6	7.72	15.6	YES	80	
15	0.800	170	136.0	16.8	7.61	14.8	YES	80	
16	0.810	170	137.7	16.9	7.69	15.2	YES	80	
17	0.760	170	129.2	16.4	7.74	15.9	YES	80	
18	0.770	170	130.9	16.5	7.73	15.7	YES	80	
19	0.640	170	108.8	16.9	7.73	15.1	YES	80	
20	0.640	170	108.8	17.0	7.75	15.1	YES	80	
21	0.720	170	122.4	16.8	7.80	15.7	YES	80	
22	0.630	170	107.1	16.8	7.81	15.6	YES	80	
23	0.520	170	88.4	17.6	7.59	13.5	YES	80	
24	0.670	170	113.9	16.6	7.74	15.5	YES	80	
25	0.640	170	108.8	16.8	7.74	15.3	YES	80	
26	0.740	170	125.8	16.9	7.71	15.2	YES	80	
27	0.830	170	141.1	16.7	7.71	15.5	YES	80	
28	0.780	170	132.6	16.3	7.68	15.7	YES	80	
29	0.790	170	134.3	17.3	7.59	14.2	YES	80	
30	0.820	170	139.4	16.8	7.58	14.7	YES	80	
31	0.860	170	146.2	17.2	7.56	14.2	YES	80	

♦ 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

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