

OHA - DWS

Membrane Filter Monthly Operating Report

County: **Tillamook**

System Name: **Oceanside Cape Meares**

Month/Year: **Oct-2024**

PWS ID#: 41 - **00882**

Minimum test pressure applied: **20** psi

Plant ID: WTP - **A**

Minimum test pressure req'd: **18** psi

(e.g., "A")

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				0.01	4.71	Y
2	0.014	0.014	0.014	0.02	4.62	Y
3	0.014	0.014	0.014	0.02	4.66	Y
4	0.014	0.014	0.014	0.01	4.78	Y
5	0.014	0.014	0.014	0.01	4.64	Y
6	0.014	0.014	0.014	0.03	4.41	Y
7	0.014	0.014	0.014	0.03	4.29	Y
8	0.014	0.014	0.014	0.04	4.26	Y
9	0.014	0.014	0.014	0.02	4.80	Y
10	0.014	0.014	0.014	0.02	4.80	Y
11	0.014	0.014	0.014	0.01	4.77	Y
12	0.014	0.014	0.014	0.01	4.74	Y
13	0.014	0.014	0.014	0.02	4.75	Y
14	0.014	0.014	0.014	0.02	4.75	Y
15	0.014	0.014	0.014	0.02	4.68	Y
16	0.014	0.014	0.014	0.01	4.72	Y
17	0.014	0.014	0.014	0.02	4.72	Y
18	0.014	0.014	0.014	0.03	4.62	Y
19	0.014	0.014	0.014	0.01	4.51	Y
20	0.014	0.014	0.014	0.02	4.64	Y
21				0.02	4.63	Y
22	0.014	0.014	0.014	0.03	4.67	Y
23	0.014	0.014	0.014	0.03	4.41	Y
24	0.014	0.014	0.014	0.01	4.55	Y
25	0.014	0.014	0.014	0.02	4.73	Y
26	0.014	0.014	0.014	0.01	4.89	Y
27	0.014	0.014	0.014	0.02	4.58	Y
28	0.014	0.014	0.014	0.03	4.55	Y
29	0.014	0.014	0.014	0.02	4.61	Y
30	0.014	0.014	0.014	0.03	4.68	Y
31	0.014	0.014	0.014	0.02	4.44	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: **Christian Anderson**

DATE: **11/8/2024**

SIGNATURE: 

WT CERT #: **T-650708**

PHONE #: **503-842-6462**

Notes:

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	0.690	170	117.3	15.9	7.60	15.5	YES	100	Off
2	0.630	170	107.1	15.6	7.59	15.6	YES	100	
3	0.680	170	115.6	15.3	7.62	16.2	YES	100	
4	0.800	170	136.0	14.8	7.54	16.5	YES	100	
5	0.440	170	74.8	14.8	7.56	15.9	YES	100	
6	0.560	170	95.2	14.4	7.61	16.9	YES	100	
7	0.490	170	83.3	15.3	7.66	16.1	YES	100	
8	0.490	170	83.3	14.4	7.70	17.3	YES	100	
9	0.460	170	78.2	15.1	7.62	16.0	YES	100	
10	0.530	170	90.1	14.2	7.58	16.9	YES	100	
11	0.450	170	76.5	14.3	7.75	17.7	YES	100	
12	0.440	170	74.8	14.7	7.60	16.3	YES	100	
13	0.510	170	86.7	15.3	7.56	15.5	YES	100	
14	0.490	170	83.3	15.7	7.58	15.2	YES	100	
15	0.330	170	56.1	15.0	7.60	15.8	YES	100	
16	0.590	170	100.3	15.0	7.68	16.7	YES	100	
17	0.300	170	51.0	14.4	7.47	15.6	YES	100	
18	0.320	170	54.4	13.8	7.54	16.7	YES	100	
19	0.630	170	107.1	13.6	7.55	17.6	YES	100	
20	0.610	170	103.7	14.1	7.67	17.7	YES	100	
21	0.580	170	98.6	13.6	7.72	18.6	YES	100	Off
22	0.600	170	102.0	13.1	7.81	19.9	YES	100	
23	0.700	170	119.0	13.5	7.68	18.7	YES	100	
24	0.620	170	105.4	13.2	7.73	19.3	YES	100	
25	0.700	170	119.0	13.4	7.70	19.0	YES	100	
26	0.630	170	107.1	13.5	7.60	18.0	YES	100	
27	0.640	170	108.8	13.3	7.66	18.7	YES	100	
28	0.650	170	110.5	12.9	7.66	19.2	YES	100	
29	0.610	170	103.7	12.7	7.63	19.2	YES	100	
30	0.580	170	98.6	12.6	7.76	20.2	YES	100	
31	0.570	170	96.9	12.4	7.68	19.9	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

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