

OHA - DWS

Membrane Filter Monthly Operating Report

County: **Tillamook**

System Name: **Oceanside Cape Meares**

Month/Year: **Nov-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

PDR_{Max} [^{psi}/_{min}]

0.072

LRC [log removal]

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	0.014	0.014	0.014	0.02	4.92	Y
2	0.014	0.014	0.014	0.01	4.78	Y
3	0.014	0.014	0.014	0.02	4.79	Y
4	0.014	0.014	0.014	0.02	4.75	Y
5	0.014	0.014	0.014	0.02	4.78	Y
6	0.014	0.014	0.014	0.02	4.72	Y
7				0.02	4.77	Y
8	0.014	0.014	0.014	0.03	4.49	Y
9	0.014	0.014	0.014	0.01	4.73	Y
10				0.02	4.76	Y
11	0.014	0.014	0.014	0.01	4.68	Y
12				0.03	4.58	Y
13	0.014	0.014	0.014	0.02	4.64	Y
14	0.014	0.014	0.014	0.02	4.57	Y
15	0.014	0.014	0.014	0.03	4.43	Y
16	0.014	0.014	0.014	0.02	4.88	Y
17	0.014	0.014	0.014	0.03	4.55	Y
18	0.014	0.014	0.014	0.03	4.57	Y
19	0.014	0.014	0.014	0.03	4.45	Y
20	0.014	0.014	0.014	0.03	4.37	Y
21	0.014	0.014	0.014	0.03	4.48	Y
22	0.014	0.014	0.014	0.02	4.65	Y
23				0.03	4.49	Y
24	0.014	0.014	0.014	0.04	4.21	Y
25	0.014	0.014	0.014	0.03	4.51	Y
26	0.014	0.014	0.014	0.03	4.58	Y
27	0.014	0.014	0.014	0.02	4.76	Y
28	0.014	0.014	0.014	0.02	4.43	Y
29	0.014	0.014	0.014	0.02	4.76	Y
30				0.01	4.77	Y

Compliance summary (operator to complete any blank fields)

95% of daily turbidity readings ≤ 1 NTU? [Y/N] Yes	All turbidity readings ≤ 5 NTU? [Y/N] Yes	All IFE turbidity readings ≤ 0.15 NTU? [Y/N] Yes	Performance std met? [Y/N] (PDR ≤ PDR _{Max} , LRV ≥ LRC) Yes	DIT Daily? Yes
CT's met daily? (p. 2) Yes	All Cl ₂ residual at EP ≥ 0.2 mg/L? Yes	PDR ≤ PDR _{Max} ? Yes	LRV _{ambient} ≥ LRC? Yes	

PRINTED NAME: **Christian Anderson** DATE: **12/4/2024**

SIGNATURE:  WT CERT #: **T-650708**

Notes: _____ PHONE #: **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 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	0.600	170	102.0	12.2	7.72	20.5	YES	100	
2	0.530	170	90.1	12.1	7.58	19.5	YES	100	
3	0.630	170	107.1	12.0	7.66	20.4	YES	100	
4	0.600	170	102.0	11.8	7.65	20.6	YES	100	
5	0.650	170	110.5	12.0	7.69	20.7	YES	100	
6	0.610	170	103.7	11.8	7.54	19.8	YES	100	
7	0.540	170	91.8	12.5	7.55	18.7	YES	100	OFF
8	0.600	170	102.0	12.1	7.55	19.5	YES	100	
9	0.700	170	119.0	13.9	7.68	18.2	YES	100	
10	0.890	170	151.3	11.9	7.56	20.5	YES	100	OFF
11	1.140	170	193.8	11.8	7.56	21.2	YES	100	
12	0.640	170	108.8	11.8	7.60	20.3	YES	100	OFF
13	0.640	170	108.8	11.8	7.55	20.0	YES	100	
14	0.580	170	98.6	11.9	7.55	19.7	YES	100	
15	0.580	170	98.6	11.2	7.43	19.8	YES	100	
16	0.660	170	112.2	10.7	7.48	21.0	YES	100	
17	0.600	170	102.0	11.2	7.52	20.4	YES	100	
18	0.820	170	139.4	10.6	7.54	22.0	YES	100	
19	0.870	170	147.9	9.5	7.63	24.5	YES	100	
20	0.790	170	134.3	9.8	7.53	23.0	YES	100	
21	0.880	170	149.6	9.5	7.46	23.1	YES	100	
22	0.690	170	117.3	10.2	7.41	21.2	YES	100	
23	0.740	170	125.8	12.4	7.48	18.9	YES	100	OFF
24	0.870	170	147.9	9.7	7.49	23.0	YES	100	
25	0.790	170	134.3	9.8	7.43	22.2	YES	100	
26	0.770	170	130.9	9.8	7.67	24.1	YES	100	
27	0.800	170	136.0	9.4	7.66	24.7	YES	100	
28	0.830	170	141.1	9.4	7.63	24.6	YES	100	
29	0.780	170	132.6	9.7	7.86	26.0	YES	100	
30	0.880	170	149.6	9.4	7.68	25.2	YES	100	OFF
31		170						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