

OHA - DWS

Membrane Filter Monthly Operating Report

System Name: Oceanside Cape Meares
 PWS ID#: 41 - 00882
 Plant ID: WTP - A
(e.g., "A")

County: Tillamook

Month/Year: Dec-2024

Minimum test pressure applied: 21 psi
 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	0.018	0.018	0.018	0.033	4.72	Y
2	0.018	0.018	0.018	0.036	4.38	Y
3	0.018	0.018	0.018	0.042	4.80	Y
4	0.020	0.020	0.020	0.021	4.52	Y
5	0.020	0.020	0.020	0.016	4.74	Y
6	0.018	0.018	0.018	0.027	4.69	Y
7				0.022	4.74	Y
8	0.017	0.017	0.017	0.024	4.83	Y
9	0.017	0.017	0.017	0.022	4.73	Y
10	0.018	0.018	0.018	0.025	5.02	Y
11	0.019	0.019	0.019	0.021	4.85	Y
12				0.023	4.85	Y
13	0.020	0.020	0.020	0.026	4.85	Y
14	0.020	0.020	0.020	0.022	4.85	Y
15	0.020	0.020	0.020	0.022	4.78	Y
16	0.020	0.020	0.020	0.022	4.79	Y
17	0.020	0.020	0.020	0.031	4.74	Y
18				0.024	4.73	Y
19	0.018	0.018	0.018	0.023	4.69	Y
20				0.028	4.71	Y
21	0.016	0.016	0.016	0.019	4.69	Y
22				0.033	4.70	Y
23	0.020	0.027	0.027	0.026	4.456	Y
24	0.017	0.026	0.026	0.026	4.473	Y
25	0.017	0.017	0.017	0.014	4.541	Y
26				0.021	4.809	Y
27	0.017	0.026	0.026	0.018	4.798	Y
28	0.017	0.020	0.020	0.026	4.392	Y
29	0.017	0.019	0.019	0.026	4.383	Y
30	0.017	0.023	0.023	0.019	4.529	Y
31	0.020	0.020	0.020	0.019	4.543	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: **1/2/2025**
 SIGNATURE:  WT CERT #: **T-650708**
 PHONE #: **503-842-6462**

Notes:

♣ Used for optimization purposes only.

OHA-DWS

Disinfection Monthly Operating Report

System Name: Oceanside Cape Meares

PWS ID#: 41 - 00882

0.5

↳ Log
Inactivation
Required via
Disinfection

Plant ID : WTP - A

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	0.870	170	147.9	9.0	7.69	25.9	YES	100	
2	0.830	170	141.1	8.5	7.87	28.4	YES	100	
3	0.790	170	134.3	9.5	7.58	23.9	YES	100	
4	0.800	170	136.0	9.3	7.58	24.2	YES	100	
5	0.740	170	125.8	9.1	7.57	24.3	YES	100	
6	0.760	170	129.2	9.1	7.69	25.4	YES	100	
7	0.690	170	117.3	9.7	7.65	23.9	YES	100	
8	0.700	170	119.0	9.7	7.67	24.1	YES	100	Plant Off
9	0.690	170	117.3	9.5	7.68	24.4	YES	100	
10	0.730	170	124.1	9.8	7.78	24.9	YES	100	
11	0.570	170	96.9	10.1	7.66	23.0	YES	100	
12	0.700	170	119.0	9.6	7.78	25.2	YES	100	Plant Off
13	0.670	170	113.9	9.7	7.60	23.4	YES	100	
14	0.690	170	117.3	9.8	7.33	21.2	YES	100	
15	0.720	170	122.4	9.3	7.53	23.6	YES	100	
16	0.690	170	117.3	9.9	7.35	21.2	YES	100	
17	0.730	170	124.1	9.7	7.48	22.6	YES	100	
18	0.640	170	108.8	9.7	7.46	22.2	YES	100	Plant Off
19	0.730	170	124.1	10.4	7.49	21.6	YES	100	
20	0.620	170	105.4	10.2	7.40	21.0	YES	100	Plant Off
21	0.700	170	119.0	10.2	7.54	22.2	YES	100	
22	0.680	170	115.6	10.3	7.68	23.2	YES	100	Plant Off
23	0.660	170	112.2	10.3	7.55	22.1	YES	100	
24	0.670	170	113.9	11.9	7.50	19.5	YES	100	
25	0.710	170	120.7	10.8	7.55	21.5	YES	100	
26	0.720	170	122.4	10.3	7.68	23.3	YES	100	Plant Off
27	0.650	170	110.5	10.1	7.53	22.2	YES	100	
28	0.690	170	117.3	10.6	7.56	21.8	YES	100	
29	0.780	170	132.6	10.2	7.44	21.7	YES	100	
30	0.810	170	137.7	9.9	7.41	21.9	YES	100	
31	0.830	170	141.1	9.5	7.45	22.9	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