

# OHA - DWS

## Membrane Filter Monthly Operating Report

County: **Tillamook**

System Name: **Oceanside Cape Meares**

Month/Year: **Jan-2025**

PWS ID#: 41 - **00882**

Minimum test pressure applied: **21** 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

PDR<sub>Max</sub> [<sup>psi</sup>/<sub>min</sub>]

LRC [log removal]

LRC = Log Removal Credit

**0.072**

**4.00**


DIT  
Daily

Day	CFE Daily Turbidity [NTU]	Highest CFE* [NTU]	Highest IFE [NTU]	Highest PDR of day [ <sup>psi</sup> / <sub>min</sub> ]	Lowest LRV <sub>ambient</sub> of day [log removal]	[Y/N] or "off"
1	0.014	0.016	0.016	0.019	4.521	Y
2	0.015	0.017	0.017	0.008	4.539	Y
3	0.012	0.017	0.017	0.014	4.747	Y
4	0.012	0.013	0.013	0.014	4.722	Y
5	0.012	0.015	0.015	0.024	4.436	Y
6	0.012	0.014	0.014	0.024	4.462	Y
7	0.018	0.018	0.018	0.008	4.834	Y
8	0.018	0.019	0.019	0.008	4.921	Y
9	0.015	0.029	0.029	0.021	4.647	Y
10	0.015	0.021	0.021	0.021	4.609	Y
11	0.015	0.015	0.015	0.020	4.491	Y
12	0.015	0.017	0.017	0.020	4.658	Y
13	0.015	0.019	0.019	0.027	4.498	Y
14	0.015	0.016	0.016	0.027	4.702	Y
15	0.018	0.018	0.018	0.028	4.521	Y
16	0.018	0.021	0.021	0.013	4.563	Y
17	0.019	0.019	0.019	0.013	4.677	Y
18	0.013	0.020	0.020	0.030	4.370	Y
19	0.013	0.014	0.014	0.030	4.339	Y
20	0.013	0.019	0.019	0.025	4.423	Y
21				0.021	4.820	Y
22	0.013	0.017	0.017	0.021	4.647	Y
23	0.014	0.015	0.015	0.021	4.806	Y
24	0.013	0.017	0.017	0.022	4.551	Y
25	0.013	0.014	0.014	0.022	4.798	Y
26	0.013	0.018	0.018	0.023	4.488	Y
27				0.014	4.810	Y
28	0.019	0.058	0.058	0.016	4.682	Y
29	0.021	0.021	0.021	0.016	4.596	Y
30	0.018	0.024	0.024	0.019	4.712	Y
31	0.019	0.023	0.023	0.023	4.538	Y

### Compliance summary (operator to complete any blank fields)

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

PRINTED NAME: **Christian Anderson**      DATE: **2/5/2025**

SIGNATURE:       WT CERT #: **650708**

Notes:      PHONE #: **503-842-6462**

**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	0.730	170	124.1	9.8	7.48	22.4	YES	100	
2	0.820	170	139.4	9.8	7.63	23.9	YES	100	
3	0.750	170	127.5	10.1	7.49	22.1	YES	100	
4	0.880	170	149.6	10.6	7.65	23.0	YES	100	
5	0.860	170	146.2	10.0	7.56	23.1	YES	100	
6	0.750	170	127.5	9.7	7.49	22.7	YES	100	
7	0.790	170	134.3	10.1	7.40	21.5	YES	100	
8	0.730	170	124.1	10.2	7.23	20.0	YES	100	
9	0.790	170	134.3	10.0	7.48	22.3	YES	100	
10	0.720	170	122.4	10.1	7.52	22.3	YES	100	
11	0.830	170	141.1	9.9	0.81	3.6	YES	100	
12	0.810	170	137.7	9.6	7.65	24.4	YES	100	
13	0.750	170	127.5	9.2	7.55	24.0	YES	100	
14	0.800	170	136.0	8.9	7.37	23.1	YES	100	
15	0.820	170	139.4	9.6	7.33	21.8	YES	100	
16	0.870	170	147.9	10.7	7.36	20.6	YES	100	
17	0.830	170	141.1	10.1	7.41	21.7	YES	100	
18	0.860	170	146.2	8.4	7.49	25.1	YES	100	
19	0.960	170	163.2	8.4	7.44	24.9	YES	100	
20	0.860	170	146.2	8.4	7.49	25.1	YES	100	
21	0.870	170	147.9	8.8	7.55	25.0	YES	100	Plant Off
22	0.840	170	142.8	7.9	7.43	25.3	YES	100	
23	0.860	170	146.2	8.1	7.51	25.8	YES	100	
24	0.820	170	139.4	7.5	7.64	28.0	YES	100	
25	0.840	170	142.8	7.7	7.35	24.9	YES	100	
26	0.790	170	134.3	8.0	7.31	24.0	YES	100	
27	0.800	170	136.0	7.8	7.32	24.4	YES	100	Plant Off
28	0.680	170	115.6	7.3	7.20	23.8	YES	100	
29	0.870	170	147.9	7.2	7.31	25.5	YES	100	
30	0.790	170	134.3	7.8	7.34	24.5	YES	100	
31	0.660	170	112.2	9.6	7.32	21.3	YES	100	

\* 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)  
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