

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: March, 2025
 Minimum test pressure applied: 20 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

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

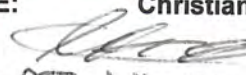
LRC [log removal]

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	0.018	0.021	0.021	0.020	4.706	Y
2	0.018	0.019	0.019	0.006	4.642	Y
3	0.018	0.019	0.019	0.020	4.723	Y
4	0.018	0.018	0.018	0.020	4.877	Y
5	0.018	0.031	0.031	0.021	4.617	Y
6				0.018	4.833	Y
7	0.018	0.021	0.021	0.018	4.578	Y
8	0.018	0.018	0.018	0.014	4.595	Y
9	0.018	0.021	0.021	0.015	4.605	Y
10	0.018	0.018	0.018	0.015	4.686	Y
11	0.018	0.024	0.024	0.019	4.573	Y
12				0.027	4.629	Y
13	0.018	0.020	0.020	0.012	4.514	Y
14	0.019	0.019	0.019	0.012	4.528	Y
15	0.018	0.020	0.020	0.018	4.590	Y
16	0.019	0.019	0.019	0.008	4.790	Y
17	0.018	0.020	0.020	0.028	4.336	Y
18				0.019	4.758	Y
19	0.018	0.020	0.020	0.021	4.507	Y
20	0.018	0.018	0.018	0.021	4.599	Y
21	0.025	0.096	0.096	0.017	4.450	Y
22	0.025	0.028	0.028	0.017	4.518	Y
23	0.027	0.031	0.031	0.032	4.184	Y
24	0.024	0.030	0.030	0.032	4.372	Y
25	0.024	0.027	0.027	0.013	4.590	Y
26	0.025	0.066	0.066	0.022	4.597	Y
27	0.026	0.029	0.029	0.011	4.504	Y
28	0.026	0.029	0.029	0.011	4.486	Y
29	0.026	0.030	0.030	0.019	4.450	Y
30	0.026	0.029	0.029	0.031	4.192	Y
31	0.025	0.029	0.029	0.020	4.442	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: **4/2/2025**
 SIGNATURE:  WT CERT #: **T-650708**
 Notes: *We run DITs daily even when the plant is "off"* 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
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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	0.460	170	78.2	10.1	8.22	27.7	YES	100	
2	0.360	170	61.2	10.3	8.24	27.2	YES	100	
3	0.470	170	79.9	10.7	8.05	25.1	YES	100	
4	0.760	170	129.2	10.2	7.89	25.3	YES	100	
5	0.700	170	119.0	10.3	7.81	24.3	YES	100	
6	0.740	170	125.8	10.1	7.73	24.0	YES	100	
7	0.700	170	119.0	10.3	7.78	24.0	YES	100	Plant Off
8	0.720	170	122.4	10.1	7.83	24.9	YES	100	
9	0.590	170	100.3	10.5	7.81	23.7	YES	100	
10	0.580	170	98.6	10.2	7.82	24.2	YES	100	
11	0.490	170	83.3	10.3	7.81	23.7	YES	100	
12	0.690	170	117.3	10.2	7.77	24.1	YES	100	Plant Off
13	0.580	170	98.6	10.0	7.84	24.7	YES	100	
14	0.590	170	100.3	8.8	7.74	25.9	YES	100	
15	0.670	170	113.9	9.6	7.78	25.1	YES	100	
16	0.570	170	96.9	9.5	7.67	24.0	YES	100	
17	0.640	170	108.8	9.6	7.68	24.1	YES	100	
18	0.510	170	86.7	10.2	7.75	23.4	YES	100	Plant Off
19	0.560	170	95.2	9.8	7.68	23.6	YES	100	
20	0.530	170	90.1	9.5	7.98	26.7	YES	100	
21	0.480	170	81.6	9.6	7.89	25.5	YES	100	
22	0.270	170	45.9	9.8	7.65	22.6	YES	100	
23	0.480	170	81.6	9.8	7.70	23.6	YES	100	
24	0.470	170	79.9	10.2	7.79	23.7	YES	100	
25	0.680	170	115.6	10.9	7.58	21.5	YES	100	
26	0.570	170	96.9	11.7	7.58	20.1	YES	100	
27	0.640	170	108.8	10.9	7.52	20.9	YES	100	
28	0.630	170	107.1	10.6	7.63	22.2	YES	100	
29	0.690	170	117.3	11.2	7.47	20.3	YES	100	
30	0.670	170	113.9	11.2	7.53	20.7	YES	100	
31	0.580	170	98.6	10.7	7.35	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