

OHA - DWS

Membrane Filter Monthly Operating Report

County: **Tillamook**

System Name: **Oceanside Cape Meares**

Month/Year: **October, 2025**

PWS ID#: 41 - **00882**

Minimum test pressure applied: **19** 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}]

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	0.020	0.036	0.036	0.018	4.637	Y
2	0.020	0.021	0.021	0.018	4.697	Y
3	0.020	0.023	0.023	0.023	4.553	Y
4	0.019	0.021	0.021	0.017	4.561	Y
5	0.020	0.032	0.032	0.020	4.491	Y
6				0.022	4.660	Y
7	0.019	0.040	0.040	0.024	4.654	Y
8	0.020	0.037	0.037	0.021	4.805	Y
9	0.019	0.020	0.020	0.021	4.805	Y
10	0.020	0.037	0.037	0.018	4.677	Y
11	0.020	0.020	0.020	0.017	4.754	Y
12	0.019	0.030	0.030	0.015	4.653	Y
13				0.021	4.679	Y
14	0.019	0.027	0.027	0.021	4.520	Y
15	0.020	0.020	0.020	0.016	4.525	Y
16	0.020	0.067	0.067	0.018	4.673	Y
17	0.021	0.021	0.021	0.018	4.571	Y
18	0.020	0.033	0.033	0.018	4.473	Y
19	0.020	0.021	0.021	0.018	4.432	Y
20	0.019	0.036	0.036	0.020	4.429	Y
21	0.019	0.020	0.020	0.020	4.528	Y
22	0.019	0.042	0.042	0.021	4.460	Y
23	0.019	0.020	0.020	0.021	4.501	Y
24	0.019	0.044	0.044	0.022	4.492	Y
25	0.023	0.030	0.030	0.024	4.609	Y
26	0.016	0.028	0.028	0.025	4.570	Y
27	0.030	0.030	0.030	0.019	4.688	Y
28	0.019	0.023	0.023	0.018	4.650	Y
29	0.026	0.026	0.026	0.026	4.443	Y
30	0.026	0.026	0.026	0.011	4.568	Y
31	0.025	0.025	0.025	0.023	4.707	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: **11/4/2025**

SIGNATURE: 

WT CERT #: **T-650708**

Notes:

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

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	0.380	170	64.6	15.4	7.55	15.2	YES	100	
2	0.430	170	73.1	15.8	7.62	15.2	YES	100	
3	0.330	170	56.1	15.4	7.52	14.9	YES	100	
4	0.520	170	88.4	15.8	7.40	14.2	YES	100	
5	0.410	170	69.7	15.4	7.53	15.1	YES	100	
6	0.430	170	73.1	15.4	7.37	14.3	YES	100	Plant Off
7	0.480	170	81.6	16.6	7.27	12.7	YES	100	
8	0.460	170	78.2	15.7	7.33	13.8	YES	100	
9	0.500	170	85.0	15.6	7.23	13.5	YES	100	
10	0.450	170	76.5	15.3	7.38	14.4	YES	100	
11	0.500	170	85.0	15.1	7.35	14.6	YES	100	
12	0.420	170	71.4	15.0	7.43	15.0	YES	100	
13	0.400	170	68.0	14.5	7.40	15.3	YES	100	Plant Off
14	0.350	170	59.5	14.4	7.35	15.0	YES	100	
15	0.460	170	78.2	13.4	7.20	15.3	YES	100	
16	0.270	170	45.9	13.9	7.50	16.2	YES	100	
17	0.570	170	96.9	13.9	7.59	17.4	YES	100	
18	0.450	170	76.5	13.6	7.48	16.8	YES	100	
19	0.450	170	76.5	13.9	7.45	16.3	YES	100	
20	0.300	170	51.0	13.8	7.58	16.9	YES	100	
21	0.430	170	73.1	14.4	7.53	16.2	YES	100	
22	0.360	170	61.2	13.8	7.59	17.1	YES	100	
23	0.500	170	85.0	13.9	7.60	17.3	YES	100	
24	0.440	170	74.8	13.8	7.64	17.5	YES	100	
25	0.330	170	56.1	13.2	7.77	18.9	YES	100	
26	0.230	170	39.1	13.1	7.53	17.2	YES	100	
27	1.980	170	336.6	12.7	7.81	23.9	YES	100	
28	1.150	170	195.5	12.8	7.76	21.2	YES	100	
29	0.370	170	62.9	12.8	7.49	17.6	YES	100	
30	0.300	170	51.0	13.0	7.48	17.2	YES	100	
31	0.220	170	37.4	12.7	7.34	16.5	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