

OHA - DWS

Membrane Filter Monthly Operating Report

County: LINCOLNSystem Name: BEVERLY BEACH STATE PARKMonth/Year: JULY - 2025PWS ID#: 41 - 91052Minimum test pressure applied || req'd: 15.78 psi || 14.0 psiPlant ID: WTP - A (e.g., "A")

DIT = Direct Integrity Test on filter(s) [Yes, No, or "off" if all filters are offline] ⇌

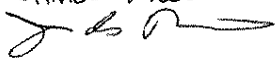
PDR = Pressure Decay Rate

LRC = Log Removal Credit

Day	CFE Daily Turbidity [NTU]	Highest CFE* [NTU]	Highest IFE [NTU] (>15 min duration)	PDR _{Max} [psi/min]	LRC [log removal]	DIT Daily
				0.390	4.00	
1	0.067	0.067		0.035	5.195	YES
2	0.066	0.067		0.015	5.182	YES
3	0.064	0.064		0.020	5.455	YES
4	0.067	0.070		0.027	5.301	YES
5	0.067	0.069		0.047	5.057	YES
6	0.070	0.073		0.034	5.043	YES
7	0.070	0.108		0.018	5.125	YES
8	0.070	0.071		0.034	5.169	YES
9	0.071	0.072		0.017	5.155	YES
10	0.072	0.081		0.019	5.342	YES
11	0.079	0.224		0.218	4.308	YES
12	0.079	0.084		0.035	4.295	YES
13	0.076	0.141		0.036	5.030	YES
14	0.122	0.761		0.073	4.763	YES
15	0.074	0.099		0.057	4.697	YES
16	0.075	0.087		0.021	4.906	YES
17	0.082	0.118		0.061	4.855	YES
18	0.079	0.450		0.015	4.833	YES
19	0.092	0.100		0.043	5.061	YES
20	0.079	0.107		0.029	4.978	YES
21	0.080	0.081		0.036	4.822	YES
22	0.083	0.345		0.021	5.052	YES
23	0.086	0.106		0.028	5.307	YES
24	0.081	0.093		0.030	5.283	YES
25	0.083	0.086		0.041	5.131	YES
26	0.084	0.087		0.036	4.786	YES
27	0.086	0.088		0.025	5.176	YES
28	0.084	0.086		0.014	5.367	YES
29	0.088	0.088		0.103	4.715	YES
30	0.086	0.087		0.020	4.716	YES
31	0.086	0.087		0.010	5.393	YES

Compliance summary (operator to complete any blank fields)

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

PRINTED NAME: JAMES PICCOLIDATE: 8-2-2025SIGNATURE: WT CERT #: 08560-1

Notes:

PHONE #: 541-265 4560

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OHA-DWS

Disinfection Monthly Operating ReportSystem Name: BEVERLY BEACH STATE PARKPWS ID#: 41 - 91052Plant ID : WTP - A

4.00

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	0.51	1551	791	14.3	7.1	39	YES	19.7	
2	0.61	828	505	14.8	7.1	39	YES	36.9	
3	0.87	802	698	14.9	7.1	39	YES	38.1	
4	1.30	570	741	15.0	7.1	39	YES	53.6	
5	1.31	556	728	15.2	7.1	39	YES	55.0	
6	1.58	669	1057	15.4	7.1	39	YES	45.7	
7	1.93	663	1279	15.6	7.1	39	YES	46.1	
8	1.98	645	1277	15.3	7.1	39	YES	47.4	
9	1.79	792	1417	15.3	7.1	39	YES	38.6	
10	2.16	740	1598	15.2	7.1	39	YES	41.3	
11	2.09	690	1442	15.3	7.1	39	YES	44.3	
12	1.93	503	972	15.3	7.1	39	YES	60.7	
13	1.85	912	1688	15.5	7.1	39	YES	33.5	
14	2.08	621	1292	15.7	7.1	39	YES	49.2	
15	1.64	726	1190	15.9	7.1	39	YES	42.1	
16	1.51	669	1010	15.8	7.1	39	YES	46.7	
17	1.47	826	1214	15.9	7.1	39	YES	37.0	
18	1.51	833	1257	16.0	7.1	39	YES	36.7	
19	1.35	738	997	15.9	7.1	39	YES	41.4	
20	1.34	863	1157	15.8	7.1	39	YES	35.4	
21	1.34	824	1104	15.9	7.1	39	YES	37.1	
22	1.27	999	1268	15.9	7.1	39	YES	36.6	
23	1.26	1128	1421	15.9	7.1	39	YES	27.1	
24	1.10	1022	1124	15.8	7.1	39	YES	29.9	
25	1.17	918	1074	15.8	7.1	39	YES	33.3	
26	1.17	899	1052	15.9	7.0	39	YES	34.0	
27	1.26	926	1167	15.9	7.0	39	YES	33.0	
28	1.12	995	1115	15.9	7.1	39	YES	30.7	
29	1.18	1263	1490	16.1	7.1	39	YES	24.2	
30	1.08	1088	1175	16.0	7.1	39	YES	28.1	
31	1.07	1015	1086	16.2	7.1	39	YES	30.1	

* 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

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