

OHA - DWS

Membrane Filter Monthly Operating Report

County: LINCOLNSystem Name: BEVERLY BEACH STATE PARKMonth/Year: SEPTEMBER 2025PWS ID#: 41 - 91052Minimum test pressure applied: 15.74 psiPlant ID: WTP - AMinimum test pressure req'd: 14.0 psi

(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 minutes)	PDR _{Max} [psi/min]	LRC [log removal]	DIT Daily
				0.390	4.00	
1	0.098	0.102		0.044	4.977	YES
2	0.095	0.111		0.030	4.973	YES
3	0.095	0.096		0.022	5.126	YES
4	0.044	0.108		0.023	5.145	YES
5	0.102	0.102		0.028	5.115	YES
6	0.097	0.102		0.042	4.937	YES
7	0.100	0.115		0.029	4.881	YES
8	0.102	0.103		0.013	5.004	YES
9	0.095	0.098		0.029	4.992	YES
10	0.098	0.101		0.038	4.921	YES
11	off	off		off	off	off
12	0.116	0.116		0.035	4.963	YES
13	off	off		off	off	off
14	0.099	0.103		0.047	4.924	YES
15	0.107	0.111		0.079	4.698	YES
16	0.112	0.115		0.030	4.720	YES
17	0.111	0.115		0.015	5.039	YES
18	0.124	0.132		0.017	5.307	YES
19	0.108	0.112		0.115	4.464	YES
20	0.111	0.111		0.077	4.467	YES
21	0.120	0.189		0.047	4.596	YES
22	0.120	0.120		0.088	4.519	YES
23	0.080	0.088		0.029	4.494	YES
24	0.080	0.080		0.179	4.238	YES
25	0.078	0.078		0.018	4.220	YES
26	0.081	0.101		0.022	5.108	YES
27	0.074	0.082		0.024	5.058	YES
28	0.077	0.078		0.028	5.065	YES
29	0.081	0.081		0.028	5.067	YES
30	0.074	0.074		0.010	5.050	YES
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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
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: JAMES G. PICCOLIDATE: 10/4/2025SIGNATURE: WT CERT #: 08560-1

Notes:

PHONE #: 541-2654560

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OHA-DWS

Disinfection Monthly Operating Report

System Name: BEVERLY BEACH STATE PARKPWS ID#: 41 - 91052

4.00

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	1.17	1069	1250	16.3	7.1	39	YES	28.6	
2	1.14	1402	1598	16.1	7.1	39	YES	21.8	
3	1.15	1491	1714	16.1	7.0	39	YES	20.5	
4	1.04	1204	1251	16.0	7.0	39	YES	25.4	
5	0.95	1180	1121	15.9	7.1	39	YES	25.9	
6	0.93	849	789	16.0	7.0	39	YES	36.0	
7	0.87	1149	1000	16.2	6.9	39	YES	26.6	
8	0.72	1428	1028	16.1	7.0	39	YES	21.4	
9	0.67	1551	1039	15.9	6.9	39	YES	19.7	
10	0.61	1520	927	16.0	6.9	39	YES	20.1	
11	0.54	1559	842	16.1	7.0	39	YES	19.6	OFF
12	0.55	1295	712	15.9	7.1	39	YES	23.6	
13	0.51	1065	543	16.0	7.0	39	YES	28.7	OFF
14	0.54	1310	724	16.1	7.0	39	YES	22.8	
15	0.65	1203	782	15.7	7.0	39	YES	25.4	
16	0.65	1608	1045	15.8	7.0	39	YES	19.0	
17	0.61	1505	918	15.8	7.0	39	YES	20.3	
18	0.73	1442	1052	15.7	7.0	39	YES	21.2	
19	0.88	1498	1318	15.4	7.0	39	YES	20.4	
20	0.78	1222	953	15.3	7.0	39	YES	25.0	
21	0.84	1408	1183	15.2	7.0	39	YES	21.7	
22	0.88	1559	1372	15.0	7.0	39	YES	19.6	
23	0.76	1476	1122	14.8	7.0	39	YES	20.7	
24	0.95	1717	1631	14.8	7.0	39	YES	17.8	
25	0.86	1777	1528	14.7	7.0	39	YES	17.2	
26	0.95	1462	1381	14.6	7.0	39	YES	20.9	
27	0.96	1076	1033	14.3	7.0	39	YES	28.4	
28	0.82	1746	1432	14.5	7.0	39	YES	17.5	
29	0.92	2152	1980	14.5	7.0	39	YES	14.2	
30	0.90	2729	2456	14.4	7.0	39	YES	11.2	
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* 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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