

# OHA - DWS

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**JAN 08 2026**  
 Certification Drinking Water Services

## Membrane Filter Monthly Operating Report

System Name: BEVERLY BEACH STATE PARK County: LINCOLN  
 PWS ID#: 41 - 91052 Month/Year: DECEMBER 2025  
 Plant ID: WTP - A Minimum test pressure applied: 15.66 psi  
 (e.g., "A") Minimum test pressure req'd: 14.0 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

Day	CFE Daily Turbidity [NTU]	Highest CFE* [NTU]	Highest IFE [NTU] (>15 minutes)	PDR [psi/min]		LRC [log removal]	DIT Daily
				PDR <sub>Max</sub>	LRC		
				0.390	4.00		
1	0.091	0.103		0.018	5.428	YES	YES
2	0.103	0.978		0.026	5.417	YES	YES
3	0.101	0.105		0.040	5.255	YES	YES
4	OFF	OFF		OFF	OFF	OFF	OFF
5	OFF	OFF		OFF	OFF	OFF	OFF
6	OFF	OFF		OFF	OFF	OFF	OFF
7	OFF	OFF		OFF	OFF	OFF	OFF
8	OFF	OFF		OFF	OFF	OFF	OFF
9	OFF	OFF		OFF	OFF	OFF	OFF
10	OFF	OFF		OFF	OFF	OFF	OFF
11	OFF	OFF		OFF	OFF	OFF	OFF
12	OFF	OFF		OFF	OFF	OFF	OFF
13	0.106	0.113		0.030	5.260	YES	YES
14	0.099	0.102		0.014	5.342	YES	YES
15	OFF	OFF		OFF	OFF	OFF	OFF
16	OFF	OFF		OFF	OFF	OFF	OFF
17	OFF	OFF		OFF	OFF	OFF	OFF
18	OFF	OFF		OFF	OFF	OFF	OFF
19	OFF	OFF		OFF	OFF	OFF	OFF
20	OFF	OFF		OFF	OFF	OFF	OFF
21	OFF	OFF		OFF	OFF	OFF	OFF
22	OFF	OFF		OFF	OFF	OFF	OFF
23	OFF	OFF		OFF	OFF	OFF	OFF
24	OFF	OFF		OFF	OFF	OFF	OFF
25	OFF	OFF		OFF	OFF	OFF	OFF
26	OFF	OFF		OFF	OFF	OFF	OFF
27	OFF	OFF		OFF	OFF	OFF	OFF
28	0.086	0.086		0.029	5.372	YES	YES
29	0.096	0.099		0.034	5.315	YES	YES
30	0.097	0.115		0.030	5.308	YES	YES
31	0.633	0.633		0.015	5.356	YES	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 <sub>Max</sub> , LRV ≥ LRC)	DIT Daily?
YES	YES	YES	YES	YES
CT's met daily? (p. 2)	All Cl <sub>2</sub> residual at EP ≥ 0.2 mg/L?	PDR ≤ PDR <sub>Max</sub> ?	LRV <sub>ambient</sub> ≥ LRC?	
YES	YES	YES	YES	

PRINTED NAME: JAMES PICCOLOTTI DATE: 1-3-26  
 SIGNATURE: WT CERT #: 08560-1  
 Notes: \_\_\_\_\_ PHONE #: 541-2654560

OHA-DWS

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**Disinfection Monthly Operating Report**

System Name: BEVERLY BEACH STATE PARK

PWS ID#: 41 - 91052

Plant ID : WTP - A

4.00

↳ Log Inactivation Required via Disinfection

Day	Minimum Cl <sub>2</sub> Residual at 1 <sup>st</sup> 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	1.13	3026	3412	9.8	7.0	39	YES	10.1	
2	1.13	3434	3880	9.6	6.9	39	YES	8.9	
3	1.34	3056	4095	9.4	6.9	39	YES	10.0	
4	1.33	3183	4234	9.5	7.0	39	YES	9.6	
5	1.42	2681	3807	9.7	7.0	39	YES	11.4	OFF
6	1.32	2351	3103	9.9	6.9	39	YES	13.0	OFF
7	1.34	3286	4403	10.1	7.0	39	YES	9.3	OFF
8	1.35	4304	5811	10.2	7.0	39	YES	7.1	OFF
9	1.33	3820	5081	10.8	6.9	39	YES	8.0	OFF
10	1.30	4561	5930	10.9	6.9	39	YES	6.7	
11	1.34	4775	6799	11.1	7.0	39	YES	6.4	
12	1.35	3217	4343	11.2	6.9	39	YES	9.5	
13	1.28	3773	4829	10.9	7.0	39	YES	8.1	
14	1.25	4851	6063	10.9	6.9	39	YES	6.3	
15	1.29	5093	6570	11.1	7.0	39	YES	6.0	
16	1.19	4929	5866	11.3	6.9	39	YES	6.2	
17	1.41	4429	6245	11.1	7.0	39	YES	6.9	
18	1.29	4702	6065	11.1	7.0	39	YES	6.5	
19	1.39	3553	4939	11.2	6.9	39	YES	8.6	
20	1.33	3358	4466	10.6	6.9	39	YES	9.1	
21	1.32	3595	4746	10.5	7.0	39	YES	8.5	
22	1.36	3553	4833	10.3	6.9	39	YES	8.6	
23	1.33	2938	3908	10.2	6.9	39	YES	10.4	
24	1.31	3217	4214	10.0	7.0	39	YES	9.5	
25	1.38	2526	3485	9.6	7.0	39	YES	12.1	
26	1.50	2996	4494	9.6	7.0	39	YES	10.2	
27	1.28	2247	2876	9.4	6.9	39	YES	13.6	
28	1.29	2729	3520	9.1	6.9	39	YES	11.2	
29	1.43	3087	4414	8.8	7.0	39	YES	9.9	
30	1.43	2485	3553	8.4	6.9	39	YES	12.3	
31	1.48	2704	4003	8.3	6.9	39	YES	11.3	

\* 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 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)

fax: 971-673-0458