

OHA - DWS

Membrane Filter Monthly Operating Report

County: **Tillamook**

System Name: Pacific City Joint Water-Sanitary Authority

Month/Year: **Nov-2024**

PWS ID#: 41 - 00609

Minimum test pressure applied: 30.79 psi

Plant ID: WTP - C
(e.g., "A")

Minimum test pressure req'd: 17.47 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

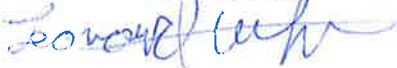
Day	CFE Daily Turbidity [NTU]	Highest CFE* [NTU]	Highest IFE [NTU] (>15 minutes)	PDR _{Max} [psi/min]	LRC [log removal]	DIT Daily [Y/N] or "off"
				0.090	4.00	
1						Off
2						Off
3						Off
4	0.016	0.0706	0.071	0.026	4.77	Y
5	0.016	0.0194	0.019	0.019	4.77	Y
6	0.019	0.0194	0.019	0.013	4.86	Y
7	0.016	0.0176	0.018	0.019	4.89	Y
8	0.018	0.0176	0.018	0.026	4.75	Y
9	0.016	0.0176	0.018	0.019	4.72	Y
10	0.016	0.0194	0.019	0.013	4.85	Y
11						Off
12						Off
13						Off
14						Off
15						Off
16						Off
17						Off
18	0.062	0.067	0.067	0.013	5.04	Y
19	0.067	0.1411	0.141	0.026	4.82	Y
20						Off
21						Off
22						Off
23						Off
24						Off
25	0.016	0.1499	0.150	0.019	4.68	Y
26	0.019	0.0247	0.025	0.019	4.90	Y
27	0.016	0.0265	0.027	0.019	4.79	Y
28	0.016	0.0229	0.023	0.019	4.90	Y
29	0.016	0.0194	0.019	0.026	4.61	Y
30	0.018	0.0194	0.019	0.026	4.75	Y

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	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: **Leonard Whiteman**

DATE: **12/10/2024**

SIGNATURE: 

WT CERT #: **T-09364**

Notes:

PHONE #: **503-965-6636**

p. 1 of 2

Disinfection Monthly Operating Report

System Name: **Pacific City Joint Water-Sanitary Authorit**PWS ID#: 41 - **00609**Plant ID : WTP - **C****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									Plant Off
2									Plant Off
3									Plant Off
4	1.050	36	37.8	13.9	7.00	14.7	YES	700	
5	1.450	36	52.2	11.5	7.02	18.5	YES	700	
6	1.790	36	64.4	11.2	7.06	19.9	YES	700	
7	1.800	36	64.8	11.0	7.06	20.2	YES	700	
8	1.810	36	65.2	11.2	7.06	19.9	YES	700	
9	1.830	36	65.9	11.2	7.06	20.0	YES	700	
10	1.770	36	63.7	12.8	7.04	17.5	YES	700	
11									Plant Off
12									Plant Off
13									Plant Off
14									Plant Off
15									Plant Off
16									Plant Off
17									Plant Off
18	1.380	36	49.7	15.8	7.01	13.5	YES	700	
19	1.350	36	48.6	14.5	7.02	14.7	YES	700	
20									Plant Off
21									Plant Off
22									Plant Off
23									Plant Off
24									Plant Off
25	1.800	36	64.8	14.2	7.02	15.9	YES	700	
26	1.720	36	61.9	11.9	7.00	18.5	YES	700	
27	1.790	36	64.4	11.2	7.09	20.1	YES	700	
28	1.830	36	65.9	9.7	7.08	22.3	YES	700	
29	1.810	36	65.2	9.5	7.09	22.6	YES	700	
30	1.800	36	64.8	9.5	7.15	23.0	YES	700	
31									

* 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