OHA - DWS

Membrane Filter Monthly Operating Report

System Name: Pacific City Joint Water-Sanitary Authority
PWS ID#: 41 - 00609
Plant ID: WTP - C (e.g., "A")

County: **Tillamook**
Month/Year: **Dec-2024**
Minimum test pressure **applied**: **30.66** psi
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

PDR_{Max} [$^{psi}/_{min}$]	LRC [log removal]
0.090	**4.00**

Day	CFE Daily Turbidity [NTU]	Highest CFE♣ [NTU]	Highest IFE [NTU] (>15 minutes)	Highest PDR of day [$^{psi}/_{min}$]	Lowest $LRV_{ambient}$ of day [log removal]	DIT Daily [Y/N] or "off"
1	0.016	0.0194	0.019	0.019	4.62	Y
2	0.016	0.0194	0.019	0.019	4.74	Y
3	0.016	0.0212	0.021	0.026	4.77	Y
4	0.016	0.0194	0.019	0.019	4.74	Y
5	0.016	0.0176	0.018	0.026	4.77	Y
6	0.016	0.0176	0.018	0.026	4.74	Y
7	0.016	0.0194	0.019	0.026	4.75	Y
8	0.018	0.0176	0.018	0.026	4.73	Y
9	0.018	0.0212	0.021	0.019	4.69	Y
10	0.019	0.0212	0.021	0.026	4.77	Y
11	0.016	0.0194	0.019	0.019	4.62	Y
12	0.039	0.0388	0.039	0.026	4.77	Y
13	0.016	0.0194	0.019	0.019	4.73	Y
14	0.018	0.0229	0.023	0.026	4.75	Y
15	0.018	0.0194	0.019	0.019	4.74	Y
16	0.018	0.0194	0.019	0.026	4.76	Y
17	0.023	0.0353	0.035	0.026	4.75	Y
18	0.019	0.0423	0.042	0.019	4.76	Y
19	0.016	0.0335	0.034	0.019	4.86	Y
20	0.016	0.0265	0.027	0.026	4.77	Y
21	0.018	0.0194	0.019	0.026	4.78	Y
22	0.014	0.0176	0.018	0.013	4.77	Y
23	0.014	0.0194	0.019	0.019	4.70	Y
24						Off
25						Off
26						Off
27						Off
28						Off
29						Off
30						Off
31	0.081	0.0917	0.092	0.026	4.81	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] ($PDR \le PDR_{Max}$, $LRV \ge LRC$)	DIT Daily?
Yes	**Yes**	**Yes**	**Yes**	**Yes**

CT's met daily? (p. 2)	All Cl_2 residual at EP ≥ 0.2 $^{mg}/_{L}$?	$PDR \le PDR_{Max}$?	$LRV_{ambient} \ge LRC$?
Yes	**Yes**	**Yes**	**Yes**

PRINTED NAME: Leonard Whiteman
SIGNATURE: Leonard Whiteman
Notes:

DATE: 1/9/2025
WT CERT #: T-09364
PHONE #: 503-965-6636

♣ *Used for optimization purposes only.*

Revised 10/1/2024

OHA-DWS

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 1st 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	1.920	36	69.1	8.9	7.12	24.0	YES	700	
2	1.940	36	69.8	9.1	7.14	24.0	YES	700	
3	1.950	36	70.2	8.8	7.14	24.4	YES	700	
4	1.960	36	70.6	9.3	7.13	23.5	YES	700	
5	1.930	36	69.5	9.3	7.12	23.3	YES	700	
6	1.920	36	69.1	10.5	7.16	21.8	YES	700	
7	1.670	36	60.1	10.8	7.10	20.4	YES	700	
8	1.210	36	43.6	10.6	6.94	18.6	YES	700	
9	1.580	36	56.9	10.0	7.01	20.6	YES	700	
10	1.850	36	66.6	10.0	7.29	23.5	YES	700	
11	1.940	36	69.8	9.3	7.19	24.0	YES	700	
12	1.880	36	67.7	10.5	7.05	21.0	YES	700	
13	1.860	36	67.0	10.2	7.05	21.3	YES	700	
14	1.850	36	66.6	10.4	7.01	20.7	YES	700	
15	1.870	36	67.3	10.3	7.05	21.2	YES	700	
16	1.880	36	67.7	10.1	7.04	21.4	YES	700	
17	1.750	36	63.0	12.1	6.95	18.0	YES	700	
18	1.560	36	56.2	12.9	6.96	16.5	YES	700	
19	1.710	36	61.6	11.7	6.93	18.2	YES	700	
20	1.860	36	67.0	12.1	6.98	18.4	YES	700	
21	1.930	36	69.5	11.4	7.03	19.8	YES	700	
22	1.890	36	68.0	11.1	6.98	19.7	YES	700	
23	1.940	36	69.8	11.9	6.97	18.7	YES	700	
24		36						700	Plant Off
25		36						700	Plant Off
26		36						700	Plant Off
27		36						700	Plant Off
28		36						700	Plant Off
29		36						700	Plant Off
30		36						700	Plant Off
31	1.880	36	67.7	14.0	6.93	15.7	YES	700	

♦ 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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