OHA - DWS

Membrane Filter Monthly Operating Report

County: **Tillamook**

System Name: Pacific City Joint Water-Sanitary Authority

Month/Year: **Jan-2025**

PWS ID#: 41 - 00609

Minimum test pressure **applied**: **30.436** 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

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	4.81	Y
2	0.014	0.0176	0.018	0.019	4.91	Y
3	0.016	0.0194	0.019	0.019	4.90	Y
4	0.018	0.0194	0.019	0.026	4.77	Y
5	0.016	0.0194	0.019	0.026	4.77	Y
6	0.018	0.0282	0.028	0.026	4.77	Y
7	0.016	0.0282	0.028	0.019	4.78	Y
8	0.014	0.0176	0.018	0.019	4.93	Y
9	0.018	0.0176	0.018	0.019	4.91	Y
10	0.016	0.0194	0.019	0.019	4.79	Y
11	0.016	0.0176	0.018	0.019	4.92	Y
12	0.016	0.0176	0.018	0.019	4.91	Y
13	0.016	0.0176	0.018	0.019	4.88	Y
14	0.016	0.0159	0.016	0.026	4.66	Y
15	0.016	0.0176	0.018	0.013	4.76	Y
16	0.016	0.0194	0.019	0.019	4.92	Y
17	0.016	0.0176	0.018	0.019	4.78	Y
18	0.016	0.0176	0.018	0.019	4.75	Y
19	0.016	0.0194	0.019	0.013	4.89	Y
20	0.018	0.0176	0.018	0.019	4.77	Y
21	0.018	0.0282	0.028	0.019	4.88	Y
22	0.014	0.0176	0.018	0.019	4.70	Y
23	0.014	0.0176	0.018	0.019	4.79	Y
24	0.016	0.0176	0.018	0.019	4.89	Y
25	0.016	0.0176	0.018	0.026	4.76	Y
26	0.018	0.0847	0.085	0.026	4.74	Y
27	0.016	0.0176	0.018	0.019	4.64	Y
28	0.016	0.0176	0.018	0.019	4.87	Y
29	0.018	0.0229	0.023	0.019	4.69	Y
30	0.023	0.0229	0.023	0.019	4.90	Y
31	0.018	0.0229	0.023	0.019	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:** 1/9/2025

SIGNATURE: Leonard Whiteman **WT CERT #:** T-09364

Notes: **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	2.300	36	82.8	13.5	6.95	17.1	YES	700	
2	2.050	36	73.8	13.0	6.89	16.8	YES	700	
3	1.700	36	61.2	13.4	6.83	15.4	YES	700	
4	1.500	36	54.0	14.2	6.80	14.2	YES	700	
5	1.360	36	49.0	15.6	6.79	12.6	YES	700	
6	1.270	36	45.7	17.5	6.76	10.9	YES	700	
7	1.270	36	45.7	14.2	6.71	13.3	YES	700	
8	1.570	36	56.5	12.2	6.76	16.5	YES	700	
9	1.930	36	69.5	10.9	6.86	19.2	YES	700	
10	1.920	36	69.1	11.6	6.87	18.4	YES	700	
11	1.920	36	69.1	10.5	6.88	19.9	YES	700	
12	1.930	36	69.5	10.3	6.86	20.0	YES	700	
13	1.870	36	67.3	10.1	6.85	20.1	YES	700	
14	2.010	36	72.4	8.9	6.84	21.9	YES	700	
15	2.010	36	72.4	10.1	6.90	20.7	YES	700	
16	1.980	36	71.3	9.5	6.89	21.4	YES	700	
17	2.010	36	72.4	10.0	6.87	20.6	YES	700	
18	2.050	36	73.8	7.7	6.84	23.9	YES	700	
19	2.050	36	73.8	8.4	6.89	23.3	YES	700	
20	2.020	36	72.7	7.8	6.86	23.8	YES	700	
21	2.010	36	72.4	8.2	6.86	23.2	YES	700	
22	2.020	36	72.7	7.6	6.84	24.0	YES	700	
23	2.040	36	73.4	8.4	6.85	22.9	YES	700	
24	1.980	36	71.3	9.0	6.83	21.7	YES	700	
25	1.980	36	71.3	7.7	6.83	23.7	YES	700	
26	1.970	36	70.9	8.4	6.89	23.0	YES	700	
27	1.910	36	68.8	8.0	6.85	23.2	YES	700	
28	2.000	36	72.0	7.8	6.83	23.5	YES	700	
29	1.980	36	71.3	8.4	7.01	24.1	YES	700	
30	1.940	36	69.8	8.4	7.00	23.9	YES	700	
31	1.780	36	64.1	10.6	6.95	19.9	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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