

OHA - DWS

Membrane Filter Monthly Operating Report

County: **Tillamook**

System Name: Pacific City Joint Water-Sanitary Authority

Month/Year: **Feb-2025**

PWS ID#: 41 - 00609

Minimum test pressure applied: 30.661 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

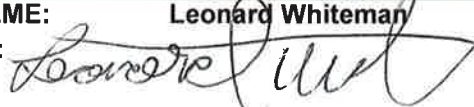
Day	CFE Daily Turbidity [NTU]	Highest CFE* [NTU]	Highest IFE [NTU] (>15 minutes)	Highest PDR of day [^{psi} /min]	Lowest LRV _{ambient} of day [log removal]	DIT Daily [Y/N] or "off"
				PDR _{Max} [^{psi} /min]	LRC [log removal]	
				0.090	4.00	
1	0.025	0.0247	0.025	0.019	4.88	Y
2	0.014	0.0159	0.016	0.019	4.86	Y
3	0.018	0.0212	0.021	0.019	4.85	Y
4	0.014	0.0176	0.018	0.019	4.82	Y
5	0.016	0.0176	0.018	0.019	4.87	Y
6	0.016	0.0194	0.019	0.019	4.85	Y
7	0.016	0.0176	0.018	0.019	4.72	Y
8	0.016	0.0176	0.018	0.019	4.87	Y
9	0.016	0.0159	0.016	0.026	4.75	Y
10	0.014	0.0159	0.016	0.019	4.63	Y
11	0.014	0.0176	0.018	0.019	4.69	Y
12	0.014	0.03	0.030	0.019	4.86	Y
13	0.016	0.0159	0.016	0.019	4.84	Y
14	0.014	0.0159	0.016	0.026	4.62	Y
15	0.014	0.0176	0.018	0.026	4.57	Y
16	0.016	0.0229	0.023	0.019	4.73	Y
17	0.016	0.0247	0.025	0.026	4.61	Y
18	0.014	0.0159	0.016	0.019	4.71	Y
19	0.016	0.0194	0.019	0.019	4.70	Y
20	0.014	0.0229	0.023	0.026	4.76	Y
21	0.016	0.0194	0.019	0.026	4.74	Y
22						Off
23						Off
24						Off
25						Off
26						Off
27	0.014	0.0688	0.069	0.032	4.56	Y
28	0.014	0.0159	0.016	0.026	4.67	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: 

WT CERT #: **T-09364**

Notes:

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

Disinfection Monthly Operating ReportSystem 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	1.660	36	59.8	11.0	6.98	19.3	YES	700	
2	1.860	36	67.0	8.1	6.97	23.8	YES	700	
3	1.880	36	67.7	8.0	6.97	24.1	YES	700	
4	1.880	36	67.7	8.4	7.01	23.8	YES	700	
5	1.890	36	68.0	7.0	7.00	25.9	YES	700	
6	1.950	36	70.2	7.7	6.97	24.7	YES	700	
7	1.940	36	69.8	7.4	7.00	25.5	YES	700	
8	1.910	36	68.8	8.3	6.97	23.7	YES	700	
9	1.890	36	68.0	8.7	6.99	23.1	YES	700	
10	1.960	36	70.6	6.9	7.02	26.6	YES	700	
11	2.000	36	72.0	8.0	7.02	24.9	YES	700	
12	2.000	36	72.0	6.4	7.02	27.6	YES	700	
13	2.050	36	73.8	7.0	7.07	27.1	YES	700	
14	1.910	36	68.8	7.9	7.02	24.7	YES	700	
15	1.810	36	65.2	7.6	6.94	24.2	YES	700	
16	1.750	36	63.0	9.6	7.00	21.5	YES	700	
17	1.440	36	51.8	9.7	6.91	20.0	YES	700	
18	1.510	36	54.4	10.2	6.87	19.3	YES	700	
19	1.950	36	70.2	10.2	7.13	22.2	YES	700	
20	1.800	36	64.8	10.6	7.29	22.5	YES	700	
21	1.840	36	66.2	11.6	7.29	21.2	YES	700	
22		36						700	Plant Off
23		36						700	Plant Off
24		36						700	Plant Off
25		36						700	Plant Off
26		36						700	Plant Off
27	1.830	36	65.9	13.0	7.27	18.9	YES	700	
28	1.850	36	66.6	10.5	7.25	22.4	YES	700	
29		36						700	
30		36						700	
31		36						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