OHA - DWS

Membrane Filter Monthly Operating Report

County: **Tillamook**

System Name: Pacific City Joint Water-Sanitary Authority

Month/Year: **Mar-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

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	0.0176	0.018	0.019	4.77	Y
2	0.016	0.0176	0.018	0.019	4.91	Y
3	0.016	0.0159	0.016	0.026	4.77	Y
4	0.014	0.0159	0.016	0.019	4.76	Y
5	0.014	0.0194	0.019	0.019	4.90	Y
6	0.016	0.0212	0.021	0.026	4.60	Y
7	0.014	0.0194	0.019	0.026	4.80	Y
8	0.016	0.0194	0.019	0.026	4.80	Y
9	0.009	0.0212	0.021	0.026	4.79	Y
10	0.018	0.0247	0.025	0.026	4.77	Y
11	0.019	0.0212	0.021	0.019	4.68	Y
12	0.019	0.0212	0.021	0.019	4.86	Y
13	0.019	0.0212	0.021	0.019	4.78	Y
14	0.019	0.0212	0.021	0.019	4.88	Y
15						Off
16						Off
17						Off
18	0.018	0.0318	0.032	0.026	4.79	Y
19	0.019	0.0229	0.023	0.019	4.70	Y
20	0.019	0.0212	0.021	0.019	4.89	Y
21	0.019	0.0265	0.027	0.026	4.83	Y
22						Off
23						Off
24	0.016	0.0229	0.023	0.019	4.84	y
25	0.016	0.0176	0.018	0.026	4.64	Y
26	0.016	0.0194	0.019	0.019	4.79	Y
27	0.014	0.0176	0.018	0.026	4.77	Y
28	0.014	0.0159	0.016	0.019	4.81	Y
29	0.016	0.0159	0.016	0.019	4.78	Y
30	0.016	0.0176	0.018	0.019	4.90	Y
31	0.016	0.0194	0.019	0.026	4.62	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:** 4/3/2025

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

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

♣ *Used for optimization purposes only.*

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	1.760	36	63.4	11.3	7.28	21.3	YES	700	
2	1.750	36	63.0	11.0	7.28	21.7	YES	700	
3	1.630	36	58.7	11.2	7.25	20.9	YES	700	
4	1.670	36	60.1	11.4	7.28	20.9	YES	700	
5	1.740	36	62.6	10.2	7.29	22.8	YES	700	
6	1.740	36	62.6	11.8	7.25	20.3	YES	700	
7	1.690	36	60.8	10.3	7.21	22.0	YES	700	
8	1.680	36	60.5	10.3	7.24	22.2	YES	700	
9	1.730	36	62.3	10.9	7.28	21.8	YES	700	
10	1.630	36	58.7	10.3	7.28	22.3	YES	700	
11	1.630	36	58.7	9.4	7.21	23.2	YES	700	
12	1.630	36	58.7	11.0	7.24	21.0	YES	700	
13	1.590	36	57.2	10.2	7.24	22.1	YES	700	
14	1.630	36	58.7	10.7	7.19	21.2	YES	700	
15		36						700	Plant Off
16		36						700	Plant Off
17		36						700	Plant Off
18	1.630	36	58.7	12.3	7.17	18.9	YES	700	
19	1.720	36	61.9	10.2	7.21	22.3	YES	700	
20	1.730	36	62.3	11.1	7.18	20.8	YES	700	
21	1.670	36	60.1	13.2	7.16	17.6	YES	700	
22		36						700	Plant Off
23		36						700	Plant Off
24	1.610	36	58.0	13.2	7.14	17.3	YES	700	
25	1.750	36	63.0	11.9	7.12	19.4	YES	700	
26	1.800	36	64.8	12.3	7.15	19.2	YES	700	
27	1.800	36	64.8	12.5	7.16	19.0	YES	700	
28	1.760	36	63.4	12.6	7.14	18.4	YES	700	
29	1.620	36	58.3	11.4	7.12	19.7	YES	700	
30	1.750	36	63.0	10.8	7.15	21.0	YES	700	
31	1.720	36	61.9	10.9	7.15	20.8	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

Revised 7/31/2023