OHA - DWS

Membrane Filter Monthly Operating Report

County: **Tillamook**

System Name: Pacific City Joint Water-Sanitary Authority

Month/Year: **Apr-2025**

PWS ID#: 41 - 00609

Minimum test pressure **applied**: **30.404** 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]	DIT Daily
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]	[Y/N] or "off"
1	0.014	0.0194	0.019	0.019	4.77	Y
2	0.018	0.0176	0.018	0.026	4.66	Y
3	0.016	0.0176	0.018	0.026	4.78	Y
4	0.018	0.0194	0.019	0.019	4.72	Y
5	0.019	0.0194	0.019	0.026	4.79	Y
6	0.019	0.0212	0.021	0.019	4.75	Y
7	0.019	0.0212	0.021	0.026	4.76	Y
8	0.021	0.0229	0.023	0.019	4.75	Y
9	0.019	0.0212	0.021	0.019	4.87	Y
10	0.023	0.0265	0.027	0.019	4.90	Y
11	0.019	0.0247	0.025	0.026	4.63	Y
12	0.019	0.0282	0.028	0.019	4.74	Y
13	0.019	0.0212	0.021	0.019	4.73	Y
14	0.019	0.0229	0.023	0.019	4.89	Y
15	0.021	0.0229	0.023	0.019	4.88	Y
16	0.018	0.0212	0.021	0.019	4.78	Y
17	0.014	0.0229	0.023	0.019	4.89	Y
18	0.016	0.0194	0.019	0.019	4.71	Y
19	0.014	0.0159	0.016	0.013	4.73	Y
20	0.016	0.0194	0.019	0.026	4.88	Y
21	0.016	0.0159	0.016	0.019	4.78	Y
22	0.016	0.0176	0.018	0.026	4.73	Y
23	0.016	0.0176	0.018	0.013	4.76	Y
24	0.016	0.0176	0.018	0.019	4.80	y
25	0.014	0.0176	0.018	0.019	4.89	Y
26	0.014	0.0159	0.016	0.013	4.73	Y
27	0.012	0.0159	0.016	0.019	4.86	Y
28	0.012	0.0176	0.018	0.019	4.76	Y
29	0.014	0.0176	0.018	0.019	4.87	Y
30	0.014	0.0159	0.016	0.026	4.74	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:** 5/6/2025

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

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

Revised 10/1/2024

♣ *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	1.700	36	61.2	10.3	7.13	21.4	YES	700	
2	1.730	36	62.3	11.3	7.16	20.4	YES	700	
3	1.770	36	63.7	10.5	7.17	21.5	YES	700	
4	1.800	36	64.8	10.9	7.19	21.3	YES	700	
5	1.770	36	63.7	11.6	7.22	20.5	YES	700	
6	1.710	36	61.6	11.5	7.16	20.1	YES	700	
7	1.540	36	55.4	11.9	7.14	19.0	YES	700	
8	1.460	36	52.6	11.1	7.09	19.5	YES	700	
9	1.620	36	58.3	11.6	7.10	19.4	YES	700	
10	1.760	36	63.4	11.9	7.16	19.6	YES	700	
11	1.750	36	63.0	12.1	7.14	19.2	YES	700	
12	1.730	36	62.3	11.6	7.20	20.2	YES	700	
13	1.720	36	61.9	11.1	7.20	20.9	YES	700	
14	1.720	36	61.9	12.1	7.18	19.4	YES	700	
15	1.750	36	63.0	13.1	7.33	19.0	YES	700	
16	1.770	36	63.7	11.0	7.46	23.2	YES	700	
17	1.700	36	61.2	11.6	7.50	22.3	YES	700	
18	1.750	36	63.0	12.4	7.27	19.7	YES	700	
19	1.810	36	65.2	11.4	7.15	20.3	YES	700	
20	1.870	36	67.3	11.5	7.15	20.3	YES	700	
21	1.860	36	67.0	11.1	7.15	20.8	YES	700	
22	1.820	36	65.5	11.5	7.19	20.5	YES	700	
23	1.810	36	65.2	11.8	7.22	20.3	YES	700	
24	1.800	36	64.8	10.9	7.21	21.4	YES	700	
25	1.750	36	63.0	12.4	7.15	19.0	YES	700	
26	1.760	36	63.4	11.6	7.09	19.6	YES	700	
27	1.760	36	63.4	11.7	7.06	19.2	YES	700	
28	1.770	36	63.7	12.5	7.08	18.1	YES	700	
29	1.780	36	64.1	11.8	7.00	18.7	YES	700	
30	1.600	36	57.6	12.2	6.99	17.8	YES	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

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