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: **May-2025**
Minimum test pressure **applied**: **30.34** 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	0.014	0.0159	0.016	0.026	4.55	Y
2	0.014	0.0159	0.016	0.019	4.79	Y
3	0.012	0.0159	0.016	0.026	4.60	Y
4	0.012	0.0159	0.016	0.019	4.71	Y
5	0.014	0.0159	0.016	0.019	4.73	Y
6	0.012	0.0159	0.016	0.026	4.75	Y
7	0.018	0.0194	0.019	0.019	4.75	Y
8	0.014	0.0159	0.016	0.019	4.86	Y
9	0.016	0.0159	0.016	0.019	4.85	Y
10	0.014	0.0159	0.016	0.026	4.75	Y
11	0.014	0.0176	0.018	0.013	4.74	Y
12	0.012	0.0176	0.018	0.019	4.86	Y
13	0.012	0.0159	0.016	0.019	4.74	Y
14	0.012	0.0212	0.021	0.019	4.88	Y
15	0.019	0.0282	0.028	0.026	4.78	Y
16	0.012	0.0159	0.016	0.019	4.74	Y
17	0.012	0.0159	0.016	0.019	4.85	Y
18	0.014	0.0159	0.016	0.019	4.83	Y
19	0.012	0.0159	0.016	0.019	4.84	Y
20	0.016	0.0176	0.018	0.019	4.82	Y
21	0.016	0.0176	0.018	0.019	4.86	Y
22	0.016	0.0159	0.016	0.019	4.65	Y
23	0.014	0.0159	0.016	0.019	4.82	Y
24	0.014	0.0159	0.016	0.019	4.82	y
25	0.014	0.0141	0.014	0.019	4.70	Y
26	0.014	0.0176	0.018	0.026	4.71	Y
27	0.016	0.0194	0.019	0.013	4.96	Y
28	0.014	0.0229	0.023	0.026	4.80	Y
29	0.014	0.0176	0.018	0.019	4.78	Y
30	0.016	0.0176	0.018	0.019	4.80	Y
31	0.016	0.0159	0.016	0.019	4.86	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:** 6/4/2025
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	1.630	36	58.7	12.7	7.01	17.2	YES	700	
2	1.570	36	56.5	12.2	7.03	18.0	YES	700	
3	1.610	36	58.0	11.8	7.02	18.5	YES	700	
4	1.680	36	60.5	11.9	7.04	18.7	YES	700	
5	1.690	36	60.8	12.0	7.04	18.6	YES	700	
6	1.710	36	61.6	12.6	6.98	17.2	YES	700	
7	1.690	36	60.8	13.0	7.03	17.0	YES	700	
8	1.760	36	63.4	11.4	7.00	19.2	YES	700	
9	1.720	36	61.9	12.6	7.04	17.7	YES	700	
10	1.670	36	60.1	11.8	7.03	18.7	YES	700	
11	1.670	36	60.1	12.1	7.06	18.5	YES	700	
12	1.680	36	60.5	11.9	7.03	18.6	YES	700	
13	1.610	36	58.0	12.8	7.06	17.2	YES	700	
14	1.570	36	56.5	12.8	7.02	16.9	YES	700	
15	1.510	36	54.4	13.6	7.01	16.0	YES	700	
16	1.630	36	58.7	12.0	7.01	18.2	YES	700	
17	1.500	36	54.0	12.4	6.97	17.3	YES	700	
18	1.460	36	52.6	12.2	7.00	17.6	YES	700	
19	1.460	36	52.6	11.9	6.98	17.9	YES	700	
20	1.430	36	51.5	13.2	6.97	16.0	YES	700	
21	1.570	36	56.5	12.6	7.00	17.0	YES	700	
22	1.590	36	57.2	12.4	6.96	17.4	YES	700	
23	1.550	36	55.8	12.9	7.01	16.7	YES	700	
24	1.630	36	58.7	12.3	6.97	17.7	YES	700	
25	1.700	36	61.2	12.8	6.99	17.0	YES	700	
26	1.600	36	57.6	13.2	6.99	16.4	YES	700	
27	1.460	36	52.6	16.8	6.94	12.5	YES	700	
28	1.390	36	50.0	16.1	6.90	12.8	YES	700	
29	1.500	36	54.0	13.9	6.91	15.0	YES	700	
30	1.400	36	50.4	13.6	6.90	15.1	YES	700	
31	1.630	36	58.7	13.3	6.94	16.1	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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