OHA - DWS

Membrane Filter Monthly Operating Report

County: **Tillamook**

System Name: Pacific City Joint Water-Sanitary Authority

Month/Year: **Jun-2025**

PWS ID#: 41 - 00609

Minimum test pressure **applied**: **30.244** 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	0.0159	0.016	0.019	4.77	Y
2	0.016	0.0176	0.018	0.019	4.87	Y
3	0.014	0.0159	0.016	0.019	4.89	Y
4	0.014	0.0159	0.016	0.019	4.89	Y
5	0.014	0.0176	0.018	0.019	4.75	Y
6	0.014	0.0159	0.016	0.013	4.76	Y
7	0.014	0.0176	0.018	0.019	4.89	Y
8	0.014	0.0159	0.016	0.019	4.72	Y
9	0.012	0.0159	0.016	0.019	4.68	Y
10	0.014	0.0176	0.018	0.019	4.86	Y
11	0.014	0.0159	0.016	0.019	4.73	Y
12	0.014	0.0159	0.016	0.019	4.68	Y
13	0.011	0.0141	0.014	0.026	4.74	Y
14	0.012	0.0159	0.016	0.013	4.72	Y
15	0.012	0.0141	0.014	0.013	5.02	Y
16	0.012	0.0159	0.016	0.019	4.71	Y
17	0.016	0.0159	0.016	0.019	4.86	Y
18	0.012	0.0229	0.023	0.019	4.72	Y
19	0.012	0.0176	0.018	0.026	4.72	Y
20	0.012	0.0212	0.021	0.013	4.53	Y
21						Off
22						Off
23						Off
24	0.012	0.067	0.067	0.026	4.74	y
25	0.012	0.0212	0.021	0.013	4.73	Y
26	0.012	0.0212	0.021	0.019	4.83	Y
27	0.014	0.0176	0.018	0.019	4.67	Y
28	0.014	0.0159	0.016	0.026	4.58	Y
29	0.012	0.0159	0.016	0.019	4.71	Y
30	0.012	0.0141	0.014	0.019	4.72	Y
31						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:** 7/2/2025

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	1.660	36	59.8	13.3	6.95	16.1	YES	700	
2	1.660	36	59.8	13.7	6.98	15.9	YES	700	
3	1.680	36	60.5	13.2	6.96	16.3	YES	700	
4	1.620	36	58.3	14.2	6.92	15.0	YES	700	
5	1.620	36	58.3	14.7	6.95	14.6	YES	700	
6	1.690	36	60.8	14.4	6.93	14.9	YES	700	
7	1.600	36	57.6	14.5	6.95	14.8	YES	700	
8	1.600	36	57.6	14.7	6.93	14.5	YES	700	
9	1.560	36	56.2	15.1	6.93	14.0	YES	700	
10	1.550	36	55.8	15.0	6.92	14.0	YES	700	
11	1.570	36	56.5	13.8	6.94	15.4	YES	700	
12	1.690	36	60.8	13.9	6.93	15.5	YES	700	
13	1.640	36	59.0	13.5	6.93	15.8	YES	700	
14	1.580	36	56.9	13.4	6.93	15.7	YES	700	
15	1.620	36	58.3	12.9	6.90	16.2	YES	700	
16	1.600	36	57.6	14.0	6.95	15.4	YES	700	
17	1.310	36	47.2	13.9	6.53	12.7	YES	700	
18	1.400	36	50.4	14.2	7.26	16.6	YES	700	
19	1.620	36	58.3	13.7	7.27	17.7	YES	700	
20	1.490	36	53.6	14.6	7.27	16.3	YES	700	
21		36						700	Plant Off
22		36						700	Plant Off
23		36						700	Plant Off
24	1.340	36	48.2	15.6	7.42	15.9	YES	700	
25	1.210	36	43.6	14.0	7.63	18.8	YES	700	
26	1.350	36	48.6	14.3	7.44	17.4	YES	700	
27	1.240	36	44.6	14.6	6.93	14.0	YES	700	
28	1.270	36	45.7	15.5	6.95	13.4	YES	700	
29	1.200	36	43.2	15.3	6.94	13.4	YES	700	
30	1.220	36	43.9	15.4	6.97	13.4	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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