OHA - DWS

Membrane Filter Monthly Operating Report

County: **Tillamook**

System Name: Pacific City Joint Water-Sanitary Authority

Month/Year: **Jul-2025**

PWS ID#: 41 - 00609

Minimum test pressure **applied**: **30.468** 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	4.79	Y
2	0.012	0.0176	0.018	0.013	4.93	Y
3	0.012	0.0141	0.014	0.019	4.86	Y
4	0.012	0.0141	0.014	0.019	4.70	Y
5	0.012	0.0141	0.014	0.019	4.73	Y
6	0.012	0.0176	0.018	0.026	4.63	Y
7	0.014	0.0159	0.016	0.019	4.67	Y
8	0.014	0.0159	0.016	0.019	4.84	Y
9	0.012	0.0141	0.014	0.026	4.76	Y
10	0.012	0.0212	0.021	0.019	4.74	Y
11	0.012	0.0194	0.019	0.019	4.87	Y
12	0.011	0.0141	0.014	0.013	4.68	Y
13	0.012	0.0159	0.016	0.026	4.56	Y
14	0.012	0.0176	0.018	0.019	4.74	Y
15	0.014	0.0159	0.016	0.019	4.71	Y
16	0.025	0.0247	0.025	0.019	4.69	Y
17	0.023	0.0229	0.023	0.019	4.76	Y
18	0.012	0.0176	0.018	0.019	4.89	Y
19	0.012	0.0159	0.016	0.019	4.72	Y
20	0.012	0.0141	0.014	0.013	4.86	Y
21	0.012	0.0159	0.016	0.019	4.83	Y
22	0.011	0.0159	0.016	0.019	4.86	Y
23	0.012	0.0141	0.014	0.026	4.75	Y
24	0.016	0.0159	0.016	0.019	4.73	y
25	0.011	0.0141	0.014	0.019	4.69	Y
26	0.012	0.0141	0.014	0.013	4.63	Y
27	0.012	0.0141	0.014	0.019	4.65	Y
28	0.012	0.0159	0.016	0.019	4.82	Y
29	0.012	0.0159	0.016	0.019	4.61	Y
30	0.016	0.03	0.030	0.019	4.77	Y
31	0.012	0.0353	0.035	0.019	4.77	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:** 8/5/2025

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

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

♣ *Used for optimization purposes only.*

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	1.180	36	42.5	16.4	6.92	12.3	YES	700	
2	1.290	36	46.4	15.4	6.96	13.5	YES	700	
3	1.460	36	52.6	15.6	6.98	13.7	YES	700	
4	1.180	36	42.5	14.0	7.00	14.9	YES	700	
5	1.120	36	40.3	14.5	6.98	14.2	YES	700	
6	0.950	36	34.2	15.0	6.96	13.4	YES	700	
7	1.050	36	37.8	15.0	6.95	13.4	YES	700	
8	1.170	36	42.1	15.1	6.97	13.7	YES	700	
9	1.420	36	51.1	15.0	7.00	14.3	YES	700	
10	1.520	36	54.7	16.1	7.00	13.4	YES	700	
11	1.330	36	47.9	16.8	7.01	12.6	YES	700	
12	1.430	36	51.5	16.2	6.93	12.9	YES	700	
13	1.320	36	47.5	16.2	6.95	12.8	YES	700	
14	1.240	36	44.6	16.7	6.92	12.1	YES	700	
15	1.190	36	42.8	15.6	6.94	13.0	YES	700	
16	1.250	36	45.0	15.7	6.90	12.8	YES	700	
17	1.390	36	50.0	16.4	6.95	12.7	YES	700	
18	1.070	36	38.5	15.7	6.94	12.8	YES	700	
19	1.440	36	51.8	16.2	7.03	13.4	YES	700	
20	1.400	36	50.4	14.4	7.03	15.0	YES	700	
21	1.420	36	51.1	14.9	7.01	14.4	YES	700	
22	1.290	36	46.4	16.2	7.03	13.2	YES	700	
23	1.220	36	43.9	16.1	7.01	13.0	YES	700	
24	1.360	36	49.0	16.5	7.00	12.9	YES	700	
25	1.270	36	45.7	15.9	7.02	13.3	YES	700	
26	1.310	36	47.2	15.7	7.00	13.5	YES	700	
27	1.260	36	45.4	15.2	7.03	14.0	YES	700	
28	1.190	36	42.8	15.5	7.05	13.7	YES	700	
29	1.140	36	41.0	15.2	7.02	13.7	YES	700	
30	0.860	36	31.0	19.4	6.87	9.5	YES	700	
31	0.730	36	26.3	19.5	6.81	9.1	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