

OHA - DWS

Membrane Filter Monthly Operating Report

County: **Tillamook**

System Name: Pacific City Joint Water-Sanitary Authority

Month/Year: **Aug-2025**

PWS ID#: 41 - 00609

Minimum test pressure applied: 31.013 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

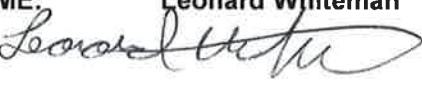
Day	CFE Daily Turbidity [NTU]	Highest CFE* [NTU]	Highest IFE [NTU] (>15 minutes)	Highest PDR of day [^{psi} /min]	Lowest LRV _{ambient} of day [log removal]	DIT Daily [Y/N] or "off"
				PDR_{Max} [^{psi}/min]	LRC [log removal]	
				0.090	4.00	
1	0.071	0.0706	0.071	0.019	4.97	Y
2						Off
3						Off
4						Off
5	0.016	0.06	0.060	0.019	4.80	Y
6	0.016	0.0176	0.018	0.026	4.77	Y
7	0.012	0.0388	0.039	0.013	4.56	Y
8	0.012	0.0282	0.028	0.019	4.89	Y
9						Off
10						Off
11						Off
12	0.016	0.0529	0.053	0.013	4.90	Y
13	0.012	0.0159	0.016	0.019	4.91	Y
14	0.012	0.0176	0.018	0.019	4.73	Y
15						Off
16						Off
17						Off
18	0.012	0.0335	0.034	0.019	4.94	Y
19	0.014	0.0159	0.016	0.019	4.78	Y
20	0.014	0.0159	0.016	0.026	4.59	Y
21	0.016	0.0176	0.018	0.019	4.77	Y
22	0.014	0.0159	0.016	0.019	4.75	Y
23	0.014	0.0159	0.016	0.013	4.87	Y
24	0.014	0.0159	0.016	0.019	4.73	y
25	0.014	0.0159	0.016	0.026	4.74	Y
26	0.012	0.0159	0.016	0.013	4.79	Y
27	0.014	0.0159	0.016	0.013	4.92	Y
28	0.014	0.0194	0.019	0.019	4.85	Y
29	0.016	0.0176	0.018	0.019	4.70	Y
30	0.018	0.0176	0.018	0.026	4.62	Y
31	0.016	0.0159	0.016	0.019	4.72	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: **9/4/2025**

SIGNATURE: 

WT CERT #: **T-09364**

Notes:

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

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Disinfection Monthly Operating ReportSystem 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 1 st 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	0.570	36	20.5	19.2	6.87	9.3	YES	700	
2		36						700	Plant Off
3		36						700	Plant Off
4		36						700	Plant Off
5	0.900	36	32.4	17.3	6.95	11.3	YES	700	
6	1.200	36	43.2	16.4	6.90	12.2	YES	700	
7	1.170	36	42.1	17.2	6.89	11.5	YES	700	
8	1.220	36	43.9	18.1	6.99	11.3	YES	700	
9		36						700	Plant Off
10		36						700	Plant Off
11		36						700	Plant Off
12	1.270	36	45.7	19.3	6.98	10.4	YES	700	
13	1.300	36	46.8	17.0	6.95	12.1	YES	700	
14	1.360	36	49.0	17.7	6.98	11.8	YES	700	
15		36						700	Plant Off
16		36						700	Plant Off
17		36						700	Plant Off
18	1.340	36	48.2	18.5	7.00	11.2	YES	700	
19	1.310	36	47.2	16.7	6.99	12.5	YES	700	
20	1.340	36	48.2	16.6	6.99	12.7	YES	700	
21	1.370	36	49.3	16.4	7.01	13.0	YES	700	
22	1.290	36	46.4	16.1	7.00	13.1	YES	700	
23	1.180	36	42.5	16.2	6.97	12.7	YES	700	
24	1.120	36	40.3	16.4	6.99	12.5	YES	700	
25	1.210	36	43.6	16.8	7.01	12.4	YES	700	
26	1.410	36	50.8	15.7	7.01	13.6	YES	700	
27	1.480	36	53.3	15.4	6.95	13.8	YES	700	
28	1.460	36	52.6	15.2	6.99	14.1	YES	700	
29	1.390	36	50.0	16.1	7.05	13.5	YES	700	
30	1.300	36	46.8	14.8	7.03	14.5	YES	700	
31	1.340	36	48.2	15.8	7.03	13.6	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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