OHA - DWS

Membrane Filter Monthly Operating Report

County: **Tillamook**

System Name: Pacific City Joint Water-Sanitary Authority

Month/Year: **Oct-2025**

PWS ID#: 41 - 00609

Minimum test pressure **applied**: **30.276** 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]
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						Off
2	0.035	0.106	0.106	0.019	4.79	Y
3	0.025	0.0265	0.027	0.019	4.89	Y
4	0.025	0.0265	0.027	0.013	4.77	Y
5	0.023	0.03	0.030	0.006	5.01	Y
6	0.027	0.03	0.030	0.019	4.74	Y
7	0.028	0.03	0.030	0.019	4.84	Y
8	0.032	0.0353	0.035	0.013	4.81	Y
9	0.018	0.0229	0.023	0.013	5.03	Y
10	0.018	0.0212	0.021	0.013	5.00	Y
11						Off
12						Off
13						Off
14	0.016	0.0512	0.051	0.019	4.88	Y
15	0.014	0.0194	0.019	0.019	4.85	Y
16	0.016	0.0194	0.019	0.013	4.84	Y
17	0.018	0.0212	0.021	0.019	4.84	Y
18	0.021	0.0229	0.023	0.013	4.85	Y
19						Off
20	0.018	0.0318	0.032	0.013	4.90	Y
21	0.018	0.0229	0.023	0.019	4.85	Y
22	0.018	0.0212	0.021	0.013	4.82	Y
23	0.019	0.0229	0.023	0.006	4.98	Y
24	0.021	0.0494	0.049	0.026	4.84	y
25						Off
26						Off
27	0.018	0.1041	0.104	0.013	4.85	Y
28	0.016	0.0194	0.019	0.019	4.76	Y
29	0.023	0.0229	0.023	0.013	4.87	Y
30	0.018	0.0212	0.021	0.013	5.04	Y
31	0.018	0.0229	0.023	0.013	4.93	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:** 11/10/2025

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

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

Revised 10/1/2024

♣ *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		36						700	Plant Off
2	1.520	36	54.7	16.3	6.83	12.4	YES	700	
3	1.510	36	54.4	14.8	6.88	14.0	YES	700	
4	1.590	36	57.2	14.4	6.82	14.2	YES	700	
5	1.540	36	55.4	14.5	6.88	14.3	YES	700	
6	1.520	36	54.7	13.8	6.84	14.8	YES	700	
7	1.440	36	51.8	14.5	6.80	13.8	YES	700	
8	1.530	36	55.1	14.8	7.06	15.0	YES	700	
9	1.470	36	52.9	12.6	7.33	19.1	YES	700	
10	1.430	36	51.5	13.9	7.26	17.0	YES	700	
11		36						700	Plant Off
12		36						700	Plant Off
13		36						700	Plant Off
14	1.310	36	47.2	14.9	7.24	15.5	YES	700	
15	1.390	36	50.0	11.7	7.28	19.9	YES	700	
16	1.450	36	52.2	11.3	7.31	20.8	YES	700	
17	1.570	36	56.5	12.7	7.32	19.0	YES	700	
18	1.520	36	54.7	12.5	7.29	19.0	YES	700	
19		36						700	Plant Off
20	1.530	36	55.1	14.4	7.32	16.9	YES	700	
21	1.380	36	49.7	12.3	7.28	19.2	YES	700	
22	1.480	36	53.3	12.1	7.26	19.4	YES	700	
23	1.440	36	51.8	16.1	7.25	14.6	YES	700	
24	1.430	36	51.5	15.5	7.22	15.1	YES	700	
25		36						700	Plant Off
26		36						700	Plant Off
27	1.500	36	54.0	13.3	7.18	17.3	YES	700	
28	1.500	36	54.0	11.7	7.15	19.2	YES	700	
29	1.470	36	52.9	12.7	7.16	17.8	YES	700	
30	1.700	36	61.2	11.6	7.19	20.1	YES	700	
31	1.570	36	56.5	11.9	7.20	19.4	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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