OHA - DWS

Membrane Filter Monthly Operating Report

County: **Tillamook**

System Name: Pacific City Joint Water-Sanitary Authority

Month/Year: **Nov-2025**

PWS ID#: 41 - 00609

Plant ID: WTP - C *(e.g., "A")*

Minimum test pressure **applied**: **30.436** 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						OFF
2						OFF
3						OFF
4						OFF
5						OFF
6						OFF
7						OFF
8						OFF
9						OFF
10						OFF
11						OFF
12	0.021	0.063	0.063	0.013	5.11	
13	0.030	0.03	0.030	0.013	5.09	
14	0.014	0.0159	0.016	0.013	5.05	
15	0.014	0.0159	0.016	0.013	5.06	
16	0.012	0.0194	0.019	0.019	4.67	
17	0.014	0.0159	0.016	0.013	4.85	
18	0.014	0.0159	0.016	0.013	5.01	
19	0.014	0.0176	0.018	0.013	4.89	
20	0.014	0.0176	0.018	0.013	5.02	
21	0.014	0.0159	0.016	0.013	5.00	
22	0.012	0.0159	0.016	0.013	4.86	
23	0.018	0.0176	0.018	0.019	4.85	
24	0.018	0.0229	0.023	0.013	4.74	
25	0.014	0.0176	0.018	0.006	4.99	
26	0.014	0.0159	0.016	0.013	4.99	
27	0.016	0.0159	0.016	0.006	4.98	
28	0.014	0.0159	0.016	0.013	4.92	
29	0.014	0.0159	0.016	0.013	4.90	
30	0.016	0.0159	0.016	0.013	4.90	
31						

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:** 12/9/2025

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		36						700	Off
2		36						700	Off
3		36						700	Off
4		36						700	Off
5		36						700	Off
6		36						700	Off
7		36						700	Off
8		36						700	Off
9		36						700	Off
10		36						700	Off
11		36						700	Off
12	1.350	36	48.6	14.0	7.09	15.7	YES	700	
13	1.460	36	52.6	12.2	7.06	18.0	YES	700	
14	1.330	36	47.9	12.3	7.05	17.6	YES	700	
15	1.473	36	53.0	12.8	7.08	17.2	YES	700	
16	1.390	36	50.0	12.2	7.04	17.8	YES	700	
17	1.380	36	49.7	11.8	6.98	17.8	YES	700	
18	1.540	36	55.4	11.4	7.05	19.1	YES	700	
19	1.690	36	60.8	10.5	7.02	20.3	YES	700	
20	1.680	36	60.5	10.9	6.96	19.4	YES	700	
21	1.510	36	54.4	11.2	6.98	18.7	YES	700	
22	1.500	36	54.0	10.4	6.97	19.6	YES	700	
23	1.530	36	55.1	11.6	6.91	17.9	YES	700	
24	1.360	36	49.0	10.6	6.90	18.6	YES	700	
25	1.480	36	53.3	10.1	6.82	19.1	YES	700	
26	1.470	36	52.9	11.5	6.71	16.7	YES	700	
27	1.250	36	45.0	11.5	6.58	15.7	YES	700	
28	1.300	36	46.8	11.5	6.56	15.6	YES	700	
29	1.550	36	55.8	11.3	6.63	16.6	YES	700	
30	1.680	36	60.5	10.8	6.62	17.3	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

Revised 7/31/2023