

OHA - DWS

Membrane Filter Monthly Operating Report

County: **Tillamook**

System Name: Pacific City Joint Water-Sanitary Authority

Month/Year: **Dec-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

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"
				0.090	4.00	
1	0.014	0.0159	0.016	0.013	5.00	
2	0.019	0.0194	0.019	0.013	5.02	
3	0.016	0.0159	0.016	0.006	5.01	
4	0.018	0.037	0.037	0.013	5.05	
5						Off
6						Off
7						Off
8						Off
9						Off
10						Off
11						Off
12						Off
13						Off
14						Off
15						Off
16	0.016	0.1041	0.104	0.019	4.91	
17	0.018	0.0176	0.018	0.019	4.93	
18						Off
19						Off
20						Off
21						Off
22						Off
23	0.049	0.0512	0.051	0.013	4.94	
24	0.014	0.0212	0.021	0.006	5.14	
25	0.016	0.0194	0.019	0.013	5.07	
26	0.014	0.0176	0.018	0.019	4.91	
27	0.014	0.0159	0.016	0.013	4.86	
28	0.014	0.0194	0.019	0.006	5.06	
29	0.016	0.0159	0.016	0.013	5.08	
30	0.014	0.0335	0.034	0.013	4.94	
31	0.018	0.0176	0.018	0.006	5.04	

Compliance summary (operator to complete any blank fields)

95% of daily turbidity readings ≤ 1 NTU? [Y/N] Yes	All turbidity readings ≤ 5 NTU? [Y/N] Yes	All IFE turbidity readings ≤ 0.15 NTU? [Y/N] Yes	Performance std met? [Y/N] (PDR ≤ PDR _{Max} , LRV ≥ LRC) Yes	DIT Daily? Yes
CT's met daily? (p. 2) Yes	All Cl ₂ residual at EP ≥ 0.2 mg/L? Yes	PDR ≤ PDR _{Max} ? Yes	LRV _{ambient} ≥ LRC? Yes	

PRINTED NAME: **Leonard Whiteman** DATE: **1/7/2026**

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 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	1.670	36	60.1	10.7	6.61	17.4	YES	700	
2	1.670	36	60.1	13.2	6.59	14.3	YES	700	
3	1.610	36	58.0	11.1	6.60	16.7	YES	700	
4	1.620	36	58.3	10.4	6.57	17.3	YES	700	
5		36						700	Plant Off
6		36						700	Plant Off
7		36						700	Plant Off
8		36						700	Plant Off
9		36						700	Plant Off
10		36						700	Plant Off
11		36						700	Plant Off
12		36						700	Plant Off
13		36						700	Plant Off
14		36						700	Plant Off
15		36						700	Plant Off
16	1.390	36	50.0	14.2	6.24	11.4	YES	700	
17	0.710	36	25.6	14.2	2.88	2.8	YES	700	
18		36						700	Plant Off
19		36						700	Plant Off
20		36						700	Plant Off
21		36						700	Plant Off
22		36						700	Plant Off
23	1.460	36	52.6	16.3	6.04	9.2	YES	700	
24	1.630	36	58.7	12.4	6.16	13.3	YES	700	
25	1.710	36	61.6	10.7	6.25	15.5	YES	700	
26	1.580	36	56.9	11.1	6.31	15.1	YES	700	
27	1.500	36	54.0	10.1	6.29	15.9	YES	700	
28	1.480	36	53.3	9.6	6.29	16.4	YES	700	
29	1.440	36	51.8	10.0	6.34	16.1	YES	700	
30	1.450	36	52.2	9.6	6.33	16.5	YES	700	
31	1.430	36	51.5	10.1	6.33	16.0	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