

# OHA - DWS

## Membrane Filter Monthly Operating Report

County: Tillamook

System Name: Pacific City Joint Water-Sanitary Authority

Month/Year: Jan-2026

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

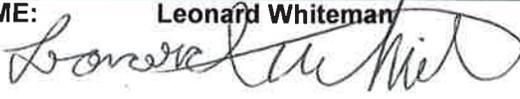
PDR <sub>Max</sub> [ <sup>psi</sup> / <sub>min</sub> ]	LRC [log removal]
0.090	4.00

DIT  
Daily

Day	CFE Daily Turbidity [NTU]	Highest CFE* [NTU]	Highest IFE [NTU] (>15 minutes)	Highest PDR of day [ <sup>psi</sup> / <sub>min</sub> ]	Lowest LRV <sub>ambient</sub> of day [log removal]	[Y/N] or "off"
1	0.014	0.018	0.018	0.013	4.902	Y
2	0.016	0.018	0.018	0.013	5.056	Y
3	0.016	0.018	0.018	0.013	4.903	Y
4	0.014	0.016	0.016	0.013	5.019	Y
5	0.014	0.016	0.016	0.013	4.878	Y
6	0.014	0.018	0.018	0.013	5.048	Y
7	0.016	0.019	0.019	0.013	5.065	Y
8	0.014	0.018	0.018	0.013	5.042	Y
9	0.014	0.018	0.018	0.013	4.924	Y
10	0.014	0.016	0.016	0.013	5.022	Y
11	0.016	0.018	0.018	0.006	5.052	Y
12	0.014	0.016	0.016	0.013	5.062	Y
13	0.018	0.018	0.018	0.019	4.867	Y
14	0.016	0.016	0.016	0.013	4.871	Y
15	0.018	0.018	0.018	0.013	4.933	Y
16	0.018	0.018	0.018	0.013	5.002	Y
17	0.016	0.018	0.018	0.013	4.876	Y
18	0.016	0.016	0.016	0.013	5.057	Y
19	0.014	0.016	0.016	0.013	4.907	Y
20	0.014	0.023	0.023	0.006	5.036	Y
21	0.016	0.016	0.016	0.006	5.333	Y
22	0.016	0.018	0.018	0.006	5.326	Y
23	0.025	0.025	0.025	0.013	4.920	Y
24	0.014	0.025	0.025	0.006	5.035	Y
25	0.014	0.018	0.018	0.006	5.279	Y
26	0.014	0.018	0.018	0.006	5.338	Y
27	0.016	0.021	0.021	0.013	5.058	Y
28	0.016	0.019	0.019	0.013	4.925	Y
29	0.018	0.019	0.019	0.019	4.881	Y
30	0.019	0.019	0.019	0.013	4.895	Y
31	0.018	0.019	0.019	0.013	4.896	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 <sub>Max</sub> , LRV ≥ LRC)	DIT Daily?
<b>Yes</b>	<b>Yes</b>	<b>Yes</b>	<b>Yes</b>	<b>Yes</b>
CT's met daily? (p. 2)	All Cl <sub>2</sub> residual at EP ≥ 0.2 mg/L?	PDR ≤ PDR <sub>Max</sub> ?	LRV <sub>ambient</sub> ≥ LRC?	
<b>Yes</b>	<b>Yes</b>	<b>Yes</b>	<b>Yes</b>	

PRINTED NAME: Leonard Whiteman	DATE: 2/10/2026
SIGNATURE: 	WT CERT #: T-09364
Notes:	PHONE #: 503-965-6636

# 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 <sub>2</sub> Residual at 1 <sup>st</sup> 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	1.418	36	51.0	10.7	6.35	15.5	YES	700	
2	1.216	36	43.8	11.7	6.36	14.3	YES	700	
3	1.215	36	43.8	10.8	6.33	15.0	YES	700	
4	1.355	36	48.8	9.4	6.30	16.4	YES	700	
5	1.297	36	46.7	10.0	6.25	15.4	YES	700	
6	1.317	36	47.4	8.1	6.33	17.9	YES	700	
7	1.367	36	49.2	11.0	6.34	15.1	YES	700	
8	1.453	36	52.3	10.9	6.28	15.0	YES	700	
9	1.299	36	46.8	9.3	6.50	17.5	YES	700	
10	1.294	36	46.6	10.9	6.44	15.5	YES	700	
11	1.286	36	46.3	11.2	6.34	14.8	YES	700	
12	1.283	36	46.2	11.1	6.51	15.6	YES	700	
13	1.207	36	43.5	10.8	6.47	15.6	YES	700	
14	1.236	36	44.5	9.4	6.40	16.7	YES	700	
15	1.639	36	59.0	10.5	6.37	16.2	YES	700	
16	1.599	36	57.6	9.4	6.54	18.2	YES	700	
17	1.561	36	56.2	9.3	6.46	17.8	YES	700	
18	1.377	36	49.6	8.6	6.56	19.0	YES	700	
19	1.411	36	50.8	8.2	6.49	19.0	YES	700	
20	1.461	36	52.6	8.7	6.55	18.9	YES	700	
21	1.464	36	52.7	9.2	6.53	18.2	YES	700	
22	1.491	36	53.7	9.9	6.46	17.0	YES	700	
23	1.467	36	52.8	9.7	6.60	18.0	YES	700	
24	1.434	36	51.6	6.6	6.48	21.2	YES	700	
25	1.376	36	49.5	9.1	6.61	18.7	YES	700	
26	1.347	36	48.5	7.7	6.54	19.9	YES	700	
27	1.349	36	48.6	8.0	6.48	19.1	YES	700	
28	1.501	36	54.0	11.4	7.12	19.4	YES	700	
29	1.475	36	53.1	11.2	7.13	19.7	YES	700	
30	1.533	36	55.2	11.0	7.16	20.3	YES	700	
31	1.409	36	50.7	10.4	7.16	20.8	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 10<sup>th</sup> of following month by**

mail: Drinking Water Services  
PO Box 14350  
Portland, OR 97293-0350

email: [dwp.dmce@odhsoha.oregon.gov](mailto:dwp.dmce@odhsoha.oregon.gov)

fax: 971-673-0458

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