

# OHA - DWS

## Membrane Filter Monthly Operating Report

County: **Tillamook**

System Name: Pacific City Joint Water-Sanitary Authority

Month/Year: **Feb-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> /min]	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> /min]	Lowest LRV <sub>ambient</sub> of day [log removal]	[Y/N] or "off"
1	0.016	0.021	0.021	0.013	5.058	Y
2	0.018	0.021	0.021	0.013	4.957	Y
3	0.016	0.019	0.019	0.013	5.046	Y
4	0.018	0.019	0.019	0.019	4.879	Y
5	0.018	0.019	0.019	0.013	4.889	Y
6	0.018	0.021	0.021	0.013	5.092	Y
7						Off
8						Off
9	0.018	0.032	0.032	0.019	4.909	Y
10	0.018	0.019	0.019	0.013	4.901	Y
11	0.012	0.019	0.019	0.013	5.046	Y
12	0.016	0.018	0.018	0.019	4.897	Y
13	0.016	0.016	0.016	0.019	4.752	Y
14	0.016	0.018	0.018	0.013	4.904	Y
15	0.014	0.019	0.019	0.013	4.932	Y
16	0.014	0.019	0.019	0.013	5.022	Y
17	0.016	0.016	0.016	0.006	5.025	Y
18	0.016	0.016	0.016	0.013	5.056	Y
19	0.016	0.018	0.018	0.013	5.041	Y
20	0.016	0.018	0.018	0.013	4.900	Y
21	0.019	0.023	0.023	0.013	5.021	Y
22	0.016	0.019	0.019	0.013	5.004	Y
23	0.021	0.021	0.021	0.019	4.867	Y
24	0.018	0.018	0.018	0.013	4.842	Y
25	0.016	0.018	0.018	0.013	5.028	Y
26	0.016	0.019	0.019	0.013	5.014	Y
27	0.016	0.018	0.018	0.013	4.892	Y
28	0.018	0.018	0.018	0.013	4.921	Y
29						
30						
31						

**Compliance summary (operator to complete any blank fields)**

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

PRINTED NAME: <b>Leonard Whiteman</b> SIGNATURE: Notes:	DATE: <b>3/12/2026</b> WT CERT #: <b>T-09364</b> PHONE #: <b>503-965-6636</b>
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♣ 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 <sub>2</sub> Residual at 1 <sup>st</sup> User ( C ) <sup>♦</sup> [ <sup>mg</sup> /L = ppm]	Contact Time (T) [minutes]	Actual CT C x T (Formula)	Temp [° C]	pH	Required CT (Formula)	CT Met? <sup>♦</sup> [Yes / No] (Formula)	Peak Hourly Demand Flow [GPM]	Notes (e.g. "Plant Off")
1	1.442	36	51.9	11.4	7.18	19.7	YES	700	
2	1.393	36	50.2	9.8	7.22	22.1	YES	700	
3	1.523	36	54.8	10.7	7.23	21.1	YES	700	
4	1.673	36	60.2	14.8	7.14	15.7	YES	700	
5	1.633	36	58.8	9.7	7.25	23.1	YES	700	
6	1.630	36	58.7	11.9	7.18	19.5	YES	700	
7									Plant Off
8									Plant Off
9	1.318	36	47.4	10.4	7.05	19.8	YES	700	
10	1.307	36	47.1	10.6	7.04	19.6	YES	700	
11	1.323	36	47.6	11.0	7.16	19.8	YES	700	
12	1.397	36	50.3	11.0	7.06	19.3	YES	700	
13	1.493	36	53.7	10.8	7.17	20.5	YES	700	
14	1.295	36	46.6	8.8	6.96	21.2	YES	700	
15	1.280	36	46.1	8.6	6.98	21.7	YES	700	
16	1.317	36	47.4	9.3	7.04	21.2	YES	700	
17	1.295	36	46.6	7.2	7.06	24.6	YES	700	
18	1.241	36	44.7	8.0	6.94	22.2	YES	700	
19	1.347	36	48.5	8.9	6.82	20.3	YES	700	
20	1.368	36	49.2	7.7	6.96	23.1	YES	700	
21	1.309	36	47.1	8.9	6.90	20.7	YES	700	
22	1.394	36	50.2	8.5	6.78	20.6	YES	700	
23	1.411	36	50.8	10.4	6.70	17.8	YES	700	
24	1.345	36	48.4	9.1	6.53	18.1	YES	700	
25	1.523	36	54.8	11.0	6.51	16.2	YES	700	
26	1.461	36	52.6	10.4	6.73	18.1	YES	700	
27	1.394	36	50.2	10.6	6.66	17.3	YES	700	
28	1.390	36	50.0	9.5	6.64	18.4	YES	700	
29									
30									
31									

♦ If chlorine concentration at entry point < 0.2 <sup>mg</sup>/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