

OHA - DWS

Membrane Filter Monthly Operating Report

System Name: **Rockaway Beach Water**

County: **Tillamook**

PWS ID#: 41 - **00708**

Month/Year: **Mar-2024**

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

Minimum test pressure applied || req'd: 20 psi || 17.8 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 min duration)	PDR _{Max} [^{psi} / _{min}]	LRC [log removal]	DIT Daily
				0.096	4.00	
				Highest PDR of day [^{psi} / _{min}]	Lowest LRV _{ambient} of day [log removal]	[Y/N] or "off"
1	0.020	0.03	0.021	0.02	5.14	Y
2	0.020	0.03	0.022	0.02	5.16	Y
3	0.020	0.03	0.021	0.02	5.18	Y
4	0.020	0.03	0.021	0.03	5.03	Y
5	0.020	0.03	0.021	0.03	5.12	Y
6	0.020	0.03	0.021	0.02	5.21	Y
7	0.020	0.03	0.021	0.02	5.18	Y
8	0.020	0.03	0.022	0.02	5.21	Y
9	0.020	0.03	0.023	0.02	5.28	Y
10	0.020	0.03	0.021	0.01	5.34	Y
11	0.020	0.03	0.022	0.02	5.30	Y
12	0.020	0.03	0.022	0.02	5.28	Y
13	0.020	0.03	0.022	0.02	5.29	Y
14	0.020	0.03	0.022	0.02	5.29	Y
15	0.020	0.03	0.022	0.02	5.34	Y
16	0.020	0.03	0.023	0.03	5.04	Y
17	0.030	0.03	0.022	0.02	5.04	Y
18	0.030	0.03	0.021	0.02	5.21	Y
19	0.030	0.03	0.022	0.03	5.08	Y
20	0.020	0.03	0.022	0.02	5.15	Y
21	0.020	0.03	0.022	0.02	5.14	Y
22	0.020	0.03	0.022	0.02	5.19	Y
23	0.020	0.03	0.022	0.02	5.10	Y
24	0.020	0.03	0.022	0.03	5.10	Y
25	0.020	0.03	0.022	0.03	5.04	Y
26	0.020	0.03	0.023	0.02	5.11	Y
27	0.030	0.03	0.022	0.02	5.17	Y
28	0.030	0.03	0.022	0.02	5.12	Y
29	0.020	0.03	0.022	0.02	5.19	Y
30	0.030	0.03	0.022	0.02	5.15	Y
31	0.020	0.03	0.022	0.02	5.17	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	

PRINTED NAME: **Luke Shepard** DATE: **4/1/2024**

SIGNATURE: WT CERT #: **8629**

Notes: PHONE #: **503-374-1752**

⚙ Used for optimization purposes only.

OHA-DWS

Disinfection Monthly Operating Report

System Name: Rockaway Beach Water District

PWS ID#: 41 - 00708

0.5

↔ Log
Inactivation
Required via
Disinfection

Plant ID : WTP - A

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	0.910	31	28.2	8.9	7.60	25.4	YES	342	
2	0.860	31	26.7	9.1	7.60	24.9	YES	340	
3	0.940	31	29.1	8.1	7.70	27.8	YES	370	
4	0.990	31	30.7	7.5	7.60	28.1	YES	370	
5	0.900	31	27.9	7.7	7.50	26.5	YES	350	
6	0.890	31	27.6	8.7	7.70	26.6	YES	350	
7	0.910	31	28.2	8.3	7.60	26.4	YES	350	
8	0.900	31	27.9	9.0	7.60	25.2	YES	318	
9	0.900	31	27.9	9.7	7.70	24.9	YES	305	
10	0.880	31	27.3	9.3	7.60	24.6	YES	315	
11	0.830	31	25.7	9.3	7.60	24.5	YES	311	
12	0.830	31	25.7	9.6	7.60	24.0	YES	300	
13	0.790	31	24.5	10.5	7.70	23.3	YES	300	
14	0.820	31	25.4	9.6	7.50	23.1	YES	300	
15	0.850	31	26.4	11.7	7.70	21.7	YES	300	
16	0.870	31	27.0	11.2	7.70	22.4	YES	415	
17	0.810	31	25.1	10.4	7.60	22.7	YES	400	
18	0.800	31	24.8	10.6	7.60	22.4	YES	420	
19	1.580	31	49.0	11.1	7.70	24.5	YES	440	
20	1.350	31	41.9	10.7	7.90	26.3	YES	420	
21	1.280	31	39.7	11.4	7.70	23.2	YES	400	
22	1.170	31	36.3	11.4	7.80	23.7	YES	420	
23	1.210	31	37.5	11.4	7.60	22.2	YES	360	
24	1.120	31	34.7	11.6	7.90	24.1	YES	370	
25	1.050	31	32.6	10.8	7.60	22.7	YES	360	
26	1.030	31	31.9	11.6	7.50	20.8	YES	370	
27	1.030	31	31.9	11.6	7.80	23.1	YES	370	
28	0.913	31	28.3	9.8	7.60	23.9	YES	150	
29	1.120	31	34.7	11.5	7.80	23.5	YES	415	
30	1.120	31	34.7	11.2	7.80	23.9	YES	413	
31	1.070	31	33.2	11.9	7.90	23.5	YES	410	

* 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: dlwp.dmce@odhsoha.oregon.gov

fax: 971-673-0458