

OHA - DWS

Membrane Filter Monthly Operating Report

County: Tillamook

System Name: Rockaway Beach Water

Month/Year: Apr-2024

PWS ID#: 41 - 00708

Minimum test pressure applied || req'd: 20 psi || 17.8 psi

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

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}]		DIT Daily
				LRC [log removal]		
				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	0.023	0.03	5.05	Y
2	0.020	0.03	0.023	0.02	5.10	Y
3	0.030	0.03	0.023	0.02	5.19	Y
4	0.030	0.03	0.024	0.02	5.21	Y
5	0.030	0.03	0.024	0.03	5.26	Y
6	0.030	0.03	0.024	0.02	5.18	Y
7	0.030	0.03	0.024	0.02	5.10	Y
8	0.030	0.03	0.024	0.02	5.14	Y
9	0.020	0.03	0.024	0.02	5.12	Y
10	0.030	0.03	0.024	0.02	5.10	Y
11	0.020	0.04	0.024	0.02	5.25	Y
12	0.020	0.04	0.024	0.02	5.15	Y
13	0.030	0.04	0.024	0.02	5.10	Y
14	0.030	0.03	0.024	0.02	5.15	Y
15	0.030	0.03	0.024	0.02	5.20	Y
16	0.030	0.03	0.024	0.02	5.26	Y
17	0.020	0.03	0.024	0.01	5.40	Y
18	0.020	0.02	0.024	0.02	5.23	Y
19	0.020	0.02	0.024	0.02	5.22	Y
20	0.020	0.03	0.024	0.02	5.27	Y
21	0.020	0.03	0.024	0.02	5.14	Y
22	0.020	0.03	0.023	0.02	5.11	Y
23	0.020	0.03	0.024	0.02	5.25	Y
24	0.020	0.03	0.025	0.02	5.14	Y
25	0.020	0.03	0.024	0.02	5.16	Y
26	0.020	0.03	0.025	0.03	5.21	Y
27	0.030	0.03	0.025	0.02	5.27	Y
28	0.030	0.05	0.025	0.02	5.41	Y
29	0.020	0.03	0.025	0.02	5.30	Y
30	0.020	0.03	0.024	0.02	5.27	Y
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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: Luke Shepard DATE: 5/1/2024

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

Plant ID : WTP - A

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	1.100	31	34.1	11.6	7.80	23.2	YES	415	
2	1.010	31	31.3	11.5	7.60	21.6	YES	360	
3	1.000	31	31.0	10.4	7.50	22.4	YES	350	
4	0.900	31	27.9	11.2	8.00	25.0	YES	350	
5	1.000	31	31.0	10.2	7.80	25.2	YES	350	
6	1.000	31	31.0	10.1	7.60	23.7	YES	300	
7	0.940	31	29.1	10.7	7.90	25.1	YES	350	
8	0.940	31	29.1	11.1	7.80	23.6	YES	368	
9	0.930	31	28.8	12.3	7.70	21.0	YES	370	
10	0.920	31	28.5	9.6	7.60	24.2	YES	380	
11	0.920	31	28.5	9.9	7.80	25.5	YES	368	
12	0.830	31	25.7	11.2	8.00	24.8	YES	350	
13	0.950	31	29.5	12.2	7.80	22.0	YES	350	
14	0.870	31	27.0	11.8	8.00	24.0	YES	370	
15	0.880	31	27.3	11.8	8.00	24.0	YES	370	
16	0.900	31	27.9	11.6	8.10	25.3	YES	365	
17	0.920	31	28.5	12.5	7.50	19.2	YES	370	
18	0.880	31	27.3	10.5	7.70	23.5	YES	360	
19	0.950	31	29.5	13.0	7.70	20.0	YES	350	
20	0.920	31	28.5	10.4	7.80	24.7	YES	350	
21	0.900	31	27.9	11.8	7.70	21.6	YES	370	
22	0.920	31	28.5	11.8	7.70	21.7	YES	365	
23	0.870	31	27.0	11.0	7.70	22.7	YES	365	
24	0.900	31	27.9	11.5	7.90	23.7	YES	371	
25	0.870	31	27.0	11.5	7.80	22.8	YES	370	
26	0.710	31	22.0	11.0	7.40	20.1	YES	320	
27	1.050	31	32.6	11.2	7.70	22.9	YES	320	
28	0.970	31	30.1	12.2	7.70	21.3	YES	315	
29	1.040	31	32.2	12.2	7.70	21.4	YES	317	
30	0.859	31	26.6	11.0	7.80	23.5	YES	306	
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* 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

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