

OHA - DWS

Membrane Filter Monthly Operating Report

County: **Tillamook**

System Name: **Rockaway Beach Water**

Month/Year: **May-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

PDR_{Max} [^{psi}/_{min}]

LRC [log removal]

0.096

4.00

**DIT
Daily**

Day	CFE Daily Turbidity [NTU]	Highest CFE* [NTU]	Highest IFE [NTU] (>15 min duration)	Highest PDR of day [^{psi} / _{min}]	Lowest LRV _{ambient} of day [log removal]	[Y/N] or "off"
1	0.030	0.03	0.025	0.02	5.14	Y
2	0.020	0.03	0.025	0.02	5.19	Y
3	0.020	0.03	0.025	0.02	5.22	Y
4	0.020	0.02	0.025	0.02	5.28	Y
5	0.020	0.03	0.025	0.02	5.24	Y
6	0.020	0.03	0.025	0.02	5.24	Y
7	0.020	0.03	0.025	0.02	5.21	Y
8	0.020	0.03	0.025	0.02	5.14	Y
9	0.020	0.03	0.026	0.02	5.19	Y
10	0.020	0.03	0.027	0.02	5.24	Y
11	0.030	0.03	0.027	0.02	5.17	Y
12	0.020	0.03	0.027	0.02	5.14	Y
13	0.020	0.03	0.028	0.02	5.21	Y
14	0.030	0.03	0.028	0.02	5.19	Y
15	0.020	0.03	0.027	0.02	5.20	Y
16	0.020	0.03	0.017	0.02	5.15	Y
17	0.020	0.03	0.017	0.02	5.18	Y
18	0.020	0.04	0.019	0.02	5.22	Y
19	0.020	0.03	0.019	0.02	5.18	Y
20	0.020	0.03	0.017	0.02	5.24	Y
21	0.030	0.03	0.018	0.02	5.15	Y
22	0.020	0.03	0.019	0.02	5.10	Y
23	0.020	0.03	0.019	0.02	5.17	Y
24	0.020	0.03	0.020	0.02	5.20	Y
25	0.030	0.03	0.018	0.02	5.12	Y
26	0.040	0.03	0.018	0.02	5.22	Y
27	0.030	0.03	0.018	0.02	5.21	Y
28	0.020	0.03	0.018	0.02	5.23	Y
29	0.020	0.03	0.018	0.03	5.21	Y
30	0.030	0.03	0.018	0.02	5.15	Y
31	0.020	0.04	0.018	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	Yes	Yes	

PRINTED NAME: *Luke Shepard* DATE: *6/4/24*
 SIGNATURE:  WT CERT #: _____
 Notes: _____ PHONE #: _____

♣ Used for optimization purposes only.

OHA-DWS

Disinfection Monthly Operating Report

System Name: **Rockaway Beach Water**

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	0.845	31	26.2	11.3	7.60	21.5	YES	350	
2	0.897	31	27.8	11.9	7.70	21.5	YES	350	
3	0.790	31	24.5	11.3	7.90	23.7	YES	370	
4	0.820	31	25.4	11.1	7.60	21.7	YES	370	
5	0.840	31	26.0	11.4	7.60	21.3	YES	370	
6	0.820	31	25.4	10.9	7.70	22.8	YES	360	
7	0.740	31	22.9	10.8	7.70	22.7	YES	210	
8	0.850	31	26.4	10.6	7.80	24.1	YES	380	
9	0.750	31	23.3	13.4	7.40	17.1	YES	355	
10	0.870	31	27.0	12.2	7.60	20.3	YES	409	
11	0.980	31	30.4	121.4	7.70	-0.4	YES	422	
12	0.900	31	27.9	14.2	7.80	19.1	YES	420	
13	0.960	31	29.8	12.8	7.80	21.1	YES	418	
14	0.870	31	27.0	14.0	7.70	18.6	YES	418	
15	0.920	31	28.5	14.3	7.80	19.0	YES	427	
16	0.880	31	27.3	12.8	7.80	20.9	YES	415	
17	0.890	31	27.6	12.7	7.80	21.1	YES	415	
18	0.830	31	25.7	14.1	7.70	18.4	YES	425	
19	0.930	31	28.8	13.3	7.70	19.6	YES	400	
20	0.940	31	29.1	11.7	7.80	22.7	YES	415	
21	0.950	31	29.5	11.2	7.70	22.7	YES	420	
22	1.000	31	31.0	11.6	7.80	23.0	YES	416	
23	0.880	31	27.3	12.8	7.80	20.9	YES	420	
24	0.880	31	27.3	12.2	7.80	21.8	YES	420	
25	0.920	31	28.5	11.7	7.70	21.8	YES	415	
26	0.920	31	28.5	11.8	7.70	21.7	YES	380	
27	0.890	31	27.6	14.4	7.70	18.1	YES	420	
28	0.890	31	27.6	12.9	7.60	19.3	YES	390	
29	0.920	31	28.5	13.8	7.70	18.9	YES	380	
30	0.900	31	27.9	11.9	7.80	22.3	YES	414	
31	0.850	31	26.4	13.8	7.80	19.5	YES	421	

* 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

p. 2 of 2