

# OHA - DWS

## Membrane Filter Monthly Operating Report

County: Tillamook

System Name: Rockaway Beach Water

Month/Year: Jun-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<sub>Max</sub> [<sup>psi</sup>/<sub>min</sub>]

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 [ <sup>psi</sup> / <sub>min</sub> ]	Lowest LRV <sub>ambient</sub> of day [log removal]	[Y/N] or "off"
1	0.020	0.03	0.018	0.02	5.28	Y
2	0.020	0.03	0.018	0.02	5.18	Y
3	0.020	0.03	0.018	0.02	5.24	Y
4	0.020	0.03	0.018	0.02	5.16	Y
5	0.020	0.03	0.018	0.02	5.22	Y
6	0.020	0.03	0.018	0.02	5.19	Y
7	0.020	0.03	0.018	0.03	5.15	Y
8	0.020	0.03	0.018	0.02	5.19	Y
9	0.020	0.03	0.018	0.02	5.16	Y
10	0.020	0.03	0.018	0.03	5.19	Y
11	0.020	0.03	0.018	0.02	5.11	Y
12	0.020	0.03	0.018	0.02	5.17	Y
13	0.020	0.03	0.018	0.02	5.14	Y
14	0.030	0.03	0.018	0.02	5.19	Y
15	0.020	0.03	0.018	0.02	5.21	Y
16	0.020	0.03	0.018	0.02	5.20	Y
17	0.030	0.03	0.018	0.02	5.16	Y
18	0.020	0.03	0.018	0.02	5.21	Y
19	0.030	0.03	0.018	0.02	5.11	Y
20	0.020	0.03	0.018	0.03	5.23	Y
21	0.020	0.03	0.018	0.02	5.23	Y
22	0.030	0.03	0.018	0.02	5.19	Y
23	0.030	0.03	0.018	0.02	5.15	Y
24	0.020	0.03	0.018	0.03	5.17	Y
25	0.020	0.03	0.018	0.02	5.18	Y
26	0.020	0.03	0.018	0.03	5.12	Y
27	0.020	0.03	0.018	0.02	5.23	Y
28	0.020	0.03	0.018	0.03	5.24	Y
29	0.020	0.03	0.018	0.02	5.23	Y
30	0.030	0.03	0.018	0.02	5.29	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?
Yes	Yes	Yes	Yes	Yes
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?	
Yes	Yes	Yes	Yes	

PRINTED NAME: Luke Shepard

SIGNATURE: 

Notes: 

DATE: 7/1/2024

WT CERT #:

PHONE #:



# 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 <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	0.920	31	28.5	13.7	7.70	19.1	YES	417	
2	0.970	31	30.1	12.7	7.80	21.3	YES	410	
3	0.790	31	24.5	12.9	7.70	19.8	YES	321	
4	1.030	31	31.9	12.2	7.60	20.7	YES	329	
5	0.910	31	28.2	14.1	7.60	17.9	YES	410	
6	0.850	31	26.4	14.6	7.80	18.5	YES	420	
7	0.810	31	25.1	14.6	7.80	18.4	YES	416	
8	0.810	31	25.1	14.5	7.80	18.5	YES	409	
9	0.900	31	27.9	13.5	7.80	20.0	YES	420	
10	0.910	31	28.2	12.3	7.80	21.7	YES	414	
11	0.830	31	25.7	14.6	7.60	17.1	YES	420	
12	1.000	31	31.0	14.8	7.60	17.2	YES	415	
13	0.980	31	30.4	11.4	7.90	24.1	YES	310	
14	0.980	31	30.4	11.4	7.70	22.4	YES	420	
15	0.890	31	27.6	13.8	8.10	21.9	YES	430	
16	0.900	31	27.9	13.6	8.10	22.2	YES	415	
17	0.880	31	27.3	12.2	7.80	21.8	YES	421	
18	0.960	31	29.8	11.8	7.70	21.8	YES	420	
19	0.960	31	29.8	14.8	7.70	17.8	YES	420	
20	0.900	31	27.9	13.4	7.70	19.4	YES	420	
21	0.900	31	27.9	13.4	7.70	19.4	YES	415	
22	0.940	31	29.1	14.0	7.80	19.4	YES	416	
23	0.910	31	28.2	14.9	7.70	17.6	YES	415	
24	0.860	31	26.7	15.6	7.80	17.3	YES	410	
25	0.890	31	27.6	15.1	7.60	16.7	YES	450	
26	0.930	31	28.8	13.8	7.80	19.7	YES	490	
27	0.920	31	28.5	14.6	7.80	18.6	YES	450	
28	0.950	31	29.5	13.7	7.70	19.1	YES	450	
29	0.760	31	23.6	15.8	7.60	15.7	YES	430	
30	0.930	31	28.8	14.7	7.70	17.9	YES	450	

\* 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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