

# OHA - DWS

## Membrane Filter Monthly Operating Report

System Name: **Rockaway Beach Water**

County: **Tillamook**

PWS ID#: 41 - **00708**

Month/Year: **Jul-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 <sub>Max</sub> [ <sup>psi</sup> /min]	LRC [log removal]	DIT Daily
				0.096	4.00	
				Highest PDR of day [ <sup>psi</sup> /min]	Lowest LRV <sub>ambient</sub> of day [log removal]	[Y/N] or "off"
1	0.030	0.03	0.018	0.02	5.27	Y
2	0.030	0.03	0.018	0.03	5.15	Y
3	0.030	0.03	0.018	0.02	5.17	Y
4	0.020	0.03	0.016	0.02	5.23	Y
5	0.030	0.03	0.018	0.02	5.27	Y
6	0.030	0.03	0.018	0.02	5.25	Y
7	0.030	0.03	0.018	0.02	5.21	Y
8	0.030	0.03	0.018	0.02	5.18	Y
9	0.020	0.03	0.018	0.02	5.15	Y
10	0.020	0.02	0.018	0.02	5.17	Y
11	0.020	0.03	0.018	0.02	5.19	Y
12	0.020	0.03	0.024	0.02	5.23	Y
13	0.020	0.03	0.018	0.02	5.15	Y
14	0.020	0.03	0.018	0.02	5.22	Y
15	0.020	0.03	0.018	0.02	5.27	Y
16	0.020	0.03	0.018	0.02	5.19	Y
17	0.020	0.03	0.018	0.02	5.27	Y
18	0.020	0.03	0.018	0.03	5.23	Y
19	0.020	0.03	0.018	0.02	5.21	Y
20	0.020	0.03	0.019	0.02	5.18	Y
21	0.020	0.03	0.018	0.02	5.18	Y
22	0.020	0.03	0.019	0.02	5.19	Y
23	0.020	0.03	0.018	0.02	5.20	Y
24	0.020	0.03	0.018	0.03	5.12	Y
25	0.020	0.03	0.018	0.02	5.25	Y
26	0.020	0.03	0.019	0.02	5.23	Y
27	0.020	0.03	0.019	0.02	5.18	Y
28	0.020	0.03	0.019	0.03	5.15	Y
29	0.020	0.03	0.018	0.02	5.21	Y
30	0.020	0.03	0.018	0.02	5.22	Y
31	0.020	0.03	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 <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	

PRINTED NAME: **Luke Shepard**

SIGNATURE: 

Notes:

DATE: **8/6/24**

WT CERT #:

PHONE #: **503 457 6418**

♣ 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 <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	0.890	31	27.6	16.0	7.80	16.9	YES	450	
2	0.900	31	27.9	15.8	7.80	17.2	YES	450	
3	0.880	31	27.3	16.8	7.80	16.0	YES	450	
4	0.870	31	27.0	16.1	7.70	16.2	YES	450	
5	0.870	31	27.0	16.9	7.70	15.3	YES	450	
6	0.890	31	27.6	16.0	7.70	16.3	YES	450	
7	1.110	23	25.5	14.0	7.80	19.8	YES	550	
8	0.960	23	22.1	14.0	7.70	18.8	YES	550	
9	0.940	31	29.1	16.8	7.80	16.1	YES	490	
10	0.910	31	28.2	16.6	7.80	16.3	YES	480	
11	1.040	31	32.2	15.8	7.90	18.1	YES	500	
12	0.920	31	28.5	14.7	7.80	18.5	YES	500	
13	0.940	31	29.1	14.8	7.80	18.4	YES	500	
14	0.940	31	29.1	15.7	7.80	17.4	YES	500	
15	0.960	31	29.8	15.6	7.80	17.5	YES	422	
16	0.940	31	29.1	15.1	7.70	17.4	YES	430	
17	0.910	31	28.2	14.5	7.80	18.7	YES	400	
18	0.940	31	29.1	14.4	7.70	18.2	YES	500	
19	0.910	31	28.2	15.3	7.70	17.1	YES	485	
20	1.030	31	31.9	14.5	7.80	19.0	YES	500	
21	0.960	31	29.8	15.9	7.80	17.2	YES	495	
22	1.030	31	31.9	16.1	7.80	17.1	YES	500	
23	1.050	31	32.6	13.4	7.70	19.7	YES	500	
24	0.920	31	28.5	15.3	7.80	17.8	YES	500	
25	1.010	31	31.3	15.6	7.80	17.6	YES	500	
26	1.010	31	31.3	14.1	7.90	20.2	YES	475	
27	1.000	31	31.0	14.7	7.90	19.4	YES	500	
28	0.980	31	30.4	14.6	7.90	19.5	YES	500	
29	1.000	31	31.0	14.8	8.00	20.0	YES	500	
30	0.900	31	27.9	15.3	7.90	18.4	YES	500	
31	0.920	31	28.5	15.2	7.90	18.6	YES	500	

\* 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