

OHA - DWS

Membrane Filter Monthly Operating Report

County: **Tillamook**

System Name: **Rockaway Beach Water**

Month/Year: **Sep-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	0.020	0.02	5.25	Y
2	0.030	0.03	0.020	0.02	5.21	Y
3	0.020	0.03	0.020	0.02	5.18	Y
4	0.030	0.03	0.020	0.02	5.23	Y
5	0.030	0.03	0.019	0.02	5.25	Y
6	0.030	0.03	0.020	0.02	5.27	Y
7	0.020	0.03	0.020	0.02	5.24	Y
8	0.030	0.03	0.020	0.03	5.21	Y
9	0.030	0.03	0.020	0.02	5.15	Y
10	0.030	0.03	0.020	0.02	5.23	Y
11	0.020	0.03	0.020	0.02	5.19	Y
12	0.030	0.03	0.020	0.02	5.13	Y
13	0.030	0.03	0.020	0.02	5.14	Y
14	0.030	0.03	0.020	0.02	5.15	Y
15	0.030	0.03	0.020	0.02	5.17	Y
16	0.030	0.03	0.020	0.02	5.21	Y
17	0.030	0.03	0.020	0.02	5.27	Y
18	0.030	0.03	0.019	0.02	5.19	Y
19	0.030	0.03	0.020	0.02	5.21	Y
20	0.020	0.03	0.020	0.02	5.17	Y
21	0.030	0.03	0.021	0.02	5.21	Y
22	0.030	0.03	0.020	0.02	5.22	Y
23	0.020	0.03	0.020	0.02	5.19	Y
24	0.030	0.03	0.020	0.02	5.25	Y
25	0.030	0.03	0.020	0.02	5.10	Y
26	0.030	0.03	0.020	0.02	5.14	Y
27	0.030	0.06	0.021	0.02	5.16	Y
28	0.040	0.04	0.020	0.02	5.18	Y
29	0.040	0.04	0.020	0.02	5.20	Y
30	0.040	0.04	0.020	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: *10/2/24*

SIGNATURE: 

WT CERT #:

Notes:

PHONE #:

♣ 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
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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	0.920	31	28.5	15.2	7.70	17.3	YES	420	
2	0.910	31	28.2	15.3	7.70	17.1	YES	420	
3	0.900	31	27.9	15.6	7.90	18.1	YES	420	
4	0.900	31	27.9	15.2	7.80	17.9	YES	420	
5	0.960	31	29.8	17.4	7.70	15.0	YES	420	
6	0.880	31	27.3	15.9	7.80	17.0	YES	420	
7	0.920	31	28.5	15.7	7.60	16.1	YES	420	
8	0.840	31	26.0	17.1	7.90	16.2	YES	420	
9	0.940	31	29.1	15.5	7.70	17.0	YES	420	
10	1.140	31	35.3	14.8	7.80	18.9	YES	420	
11	0.990	31	30.7	15.1	7.80	18.2	YES	420	
12	0.960	31	29.8	15.0	7.70	17.6	YES	420	
13	0.910	31	28.2	14.2	7.80	19.1	YES	420	
14	0.960	31	29.8	14.6	7.80	18.7	YES	420	
15	0.940	31	29.1	14.7	7.80	18.6	YES	420	
16	0.990	31	30.7	13.9	7.80	19.7	YES	420	
17	1.020	31	31.6	14.1	7.90	20.2	YES	420	
18	1.030	31	31.9	15.2	7.70	17.5	YES	420	
19	0.920	31	28.5	14.6	7.80	18.6	YES	420	
20	1.070	31	33.2	14.2	7.80	19.5	YES	420	
21	1.070	31	33.2	14.0	7.80	19.7	YES	420	
22	1.070	31	33.2	14.3	7.80	19.3	YES	420	
23	1.120	31	34.7	14.0	7.80	19.8	YES	420	
24	1.050	31	32.6	14.7	7.70	18.1	YES	420	
25	1.000	31	31.0	14.9	7.70	17.8	YES	420	
26	0.950	31	29.5	14.3	7.80	19.1	YES	400	
27	0.800	31	24.8	15.0	7.70	17.3	YES	400	
28	0.830	31	25.7	13.9	7.80	19.3	YES	400	
29	0.810	31	25.1	13.5	7.80	19.8	YES	400	
30	0.790	31	24.5	13.8	7.80	19.4	YES	400	

* 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