

OHA - DWS

Membrane Filter Monthly Operating Report

County: Tillamook

System Name: City of Rockaway Beach

Month/Year: Oct-2024

PWS ID#: 41 - 00708

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

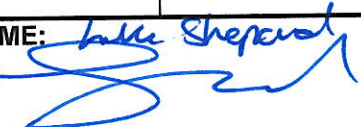
4.00

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	0.020	0.03	0.020	0.02	5.24	Y
2	0.020	0.03	0.020	0.02	5.29	Y
3	0.020	0.03	0.020	0.02	5.23	Y
4	0.020	0.03	0.020	0.02	5.24	Y
5	0.020	0.03	0.020	0.02	5.21	Y
6	0.020	0.03	0.020	0.02	5.21	Y
7	0.030	0.03	0.021	0.02	5.25	Y
8	0.030	0.03	0.020	0.02	5.20	Y
9	0.030	0.03	0.020	0.02	5.23	Y
10	0.020	0.03	0.020	0.02	5.19	Y
11	0.030	0.03	0.021	0.02	5.16	Y
12	0.030	0.03	0.021	0.02	5.10	Y
13	0.030	0.03	0.021	0.02	5.17	Y
14	0.020	0.03	0.021	0.02	5.21	Y
15	0.030	0.03	0.021	0.03	5.20	Y
16	0.020	0.03	0.020	0.02	5.19	Y
17	0.030	0.03	0.020	0.02	5.17	Y
18	0.030	0.03	0.020	0.02	5.20	Y
19	0.030	0.03	0.020	0.02	5.16	Y
20	0.030	0.03	0.020	0.02	5.19	Y
21	0.030	0.03	0.020	0.02	5.17	Y
22	0.030	0.03	0.020	0.02	5.18	Y
23	0.030	0.03	0.020	0.02	5.24	Y
24	0.020	0.03	0.020	0.02	5.21	Y
25	0.020	0.03	0.020	0.03	5.15	Y
26	0.020	0.03	0.020	0.02	5.13	Y
27	0.030	0.03	0.021	0.02	5.16	Y
28	0.030	0.03	0.020	0.03	5.10	Y
29	0.030	0.03	0.020	0.02	5.23	Y
30	0.030	0.03	0.020	0.02	5.21	Y
31	0.030	0.03	0.021	0.02	5.21	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	

PRINTED NAME: Luke Shepard DATE: 11/5/24
 SIGNATURE:  WT CERT #: _____
 Notes: _____ PHONE #: _____

* Used for optimization purposes only.

OHA-DWS

Disinfection Monthly Operating Report

System Name: City of Rockaway Beach

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	0.740	31	22.9	12.2	7.60	20.0	YES	410	
2	0.810	31	25.1	13.4	7.70	19.2	YES	419	
3	0.890	31	27.6	11.9	7.70	21.5	YES	417	
4	0.900	31	27.9	12.0	7.80	22.1	YES	400	
5	0.700	31	21.7	12.3	7.60	19.8	YES	423	
6	1.030	31	31.9	12.0	7.50	20.2	YES	420	
7	1.030	31	31.9	12.5	7.70	20.9	YES	420	
8	1.000	31	31.0	13.4	7.70	19.6	YES	420	
9	0.960	31	29.8	13.5	7.70	19.4	YES	418	
10	1.010	31	31.3	13.0	7.80	20.9	YES	420	
11	0.996	31	30.9	12.3	7.90	22.7	YES	420	
12	1.030	31	31.9	13.3	7.90	21.3	YES	400	
13	1.030	31	31.9	13.2	7.90	21.5	YES	400	
14	0.980	31	30.4	13.2	7.80	20.6	YES	400	
15	0.840	31	26.0	14.1	7.40	16.5	YES	400	
16	0.870	31	27.0	13.9	7.60	18.0	YES	422	
17	0.740	31	22.9	13.1	7.70	19.4	YES	422	
18	1.000	31	31.0	11.9	7.70	21.8	YES	400	
19	0.960	31	29.8	12.5	7.80	21.5	YES	400	
20	1.000	31	31.0	14.3	7.70	18.5	YES	400	
21	0.700	31	21.7	14.0	7.70	18.2	YES	400	
22	1.220	31	37.8	12.3	7.70	21.7	YES	410	
23	0.980	31	30.4	10.9	7.80	24.0	YES	400	
24	1.020	31	31.6	10.9	7.70	23.3	YES	400	
25	1.070	31	33.2	10.4	7.70	24.2	YES	400	
26	1.060	31	32.9	12.5	7.70	21.0	YES	400	
27	0.610	31	18.9	13.3	7.50	17.6	YES	400	
28	0.780	31	24.2	12.3	7.40	18.6	YES	400	
29	1.120	31	34.7	12.0	7.60	21.1	YES	400	
30	1.210	31	37.5	11.4	7.70	23.0	YES	400	
31	1.060	31	32.9	11.8	7.60	21.3	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

p. 2 of 2