

OHA - DWS

Membrane Filter Monthly Operating Report

County: **Tillamook**

System Name: **City of Rockaway Beach**

Month/Year: **Nov-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]

0.096

LRC [log removal]

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	0.021	0.02	5.14	Y
2	0.030	0.03	0.020	0.02	5.21	Y
3	0.030	0.03	0.021	0.02	5.23	Y
4	0.030	0.03	0.021	0.02	5.25	Y
5	0.030	0.03	0.021	0.02	5.21	Y
6	0.030	0.03	0.020	0.02	5.24	Y
7	0.030	0.03	0.020	0.02	5.21	Y
8	0.030	0.03	0.020	0.02	5.13	Y
9	0.030	0.03	0.020	0.02	5.18	Y
10	0.030	0.03	0.020	0.02	5.20	Y
11	0.030	0.03	0.020	0.02	5.13	Y
12	0.030	0.03	0.021	0.02	5.16	Y
13	0.030	0.03	0.021	0.02	5.19	Y
14	0.030	0.03	0.021	0.03	5.17	Y
15	0.030	0.03	0.021	0.02	5.13	Y
16	0.030	0.03	0.021	0.02	5.15	Y
17	0.030	0.03	0.020	0.02	5.13	Y
18	0.030	0.03	0.021	0.02	5.17	Y
19	0.030	0.03	0.021	0.02	5.13	Y
20	0.030	0.03	0.021	0.02	5.19	Y
21	0.030	0.03	0.021	0.02	5.17	Y
22	0.020	0.03	0.021	0.02	5.13	Y
23	0.030	0.03	0.023	0.02	5.10	Y
24	0.030	0.03	0.022	0.02	5.19	Y
25	0.020	0.03	0.021	0.03	5.15	Y
26	0.020	0.03	0.021	0.02	5.21	Y
27	0.030	0.03	0.021	0.02	5.23	Y
28	0.030	0.03	0.021	0.03	5.18	Y
29	0.020	0.03	0.020	0.02	5.22	Y
30	0.030	0.03	0.020	0.02	5.10	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: 12/5/24

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	0.870	31	27.0	12.5	7.30	17.7	YES	350	
2	1.120	31	34.7	12.4	7.40	19.2	YES	350	
3	1.120	31	34.7	12.3	7.60	20.7	YES	350	
4	1.160	31	36.0	12.5	7.70	21.2	YES	350	
5	1.150	31	35.7	12.3	7.70	21.5	YES	350	
6	1.130	31	35.0	11.7	7.70	22.4	YES	350	
7	1.160	31	36.0	10.5	7.80	25.2	YES	350	
8	1.080	31	33.5	11.4	7.70	22.7	YES	360	
9	1.070	31	33.2	11.1	7.80	23.9	YES	378	
10	1.070	31	33.2	11.6	7.70	22.4	YES	380	
11	0.760	31	23.6	12.3	7.50	19.2	YES	330	
12	0.780	31	24.2	12.0	7.70	21.1	YES	420	
13	0.845	31	26.2	12.4	7.60	20.0	YES	420	
14	1.060	31	32.9	12.5	7.50	19.5	YES	317	
15	1.040	31	32.2	11.3	7.60	21.9	YES	324	
16	0.990	31	30.7	10.9	7.90	24.9	YES	320	
17	0.870	31	27.0	11.6	7.90	23.5	YES	311	
18	1.070	31	33.2	11.2	7.50	21.4	YES	425	
19	1.080	31	33.5	10.3	7.60	23.6	YES	430	
20	1.060	31	32.9	10.8	7.60	22.7	YES	370	
21	1.100	31	34.1	11.1	7.50	21.6	YES	367	
22	1.110	31	34.4	11.9	8.30	27.3	YES	365	
23	1.050	31	32.6	12.2	7.70	21.4	YES	370	
24	1.110	31	34.4	11.3	7.90	24.6	YES	380	
25	1.120	31	34.7	11.5	8.00	25.2	YES	360	
26	1.130	31	35.0	11.0	8.20	28.0	YES	360	
27	1.120	31	34.7	10.9	7.90	25.3	YES	345	
28	1.120	31	34.7	9.7	8.00	28.4	YES	350	
29	1.100	31	34.1	9.6	8.20	30.7	YES	350	
30	1.100	31	34.1	9.1	8.10	30.6	YES	350	

* 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

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