

OHA - DWS

Membrane Filter Monthly Operating Report

County: **Tillamook**

System Name: **City of Rockaway Beach**

Month/Year: **Dec-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

Day	CFE Daily Turbidity [NTU]	Highest CFE* [NTU]	Highest IFE [NTU] (>15 min duration)	PDR _{Max} [^{psi} / _{min}]		LRC [log removal]	DIT Daily
				0.096			
				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	0.02	5.19	
2	0.030	0.03	0.021	0.03	0.03	5.23	Y
3	0.030	0.03	0.021	0.02	0.02	5.24	Y
4	0.020	0.03	0.020	0.02	0.02	5.27	Y
5	0.030	0.03	0.021	0.02	0.02	5.23	Y
6	0.030	0.03	0.021	0.02	0.02	5.27	Y
7	0.030	0.03	0.021	0.02	0.02	5.17	Y
8	0.030	0.03	0.021	0.02	0.02	5.20	Y
9	0.030	0.03	0.021	0.02	0.02	5.23	Y
10	0.030	0.03	0.021	0.02	0.02	5.30	Y
11	0.030	0.03	0.021	0.02	0.02	5.25	Y
12	0.030	0.03	0.021	0.02	0.02	5.23	Y
13	0.030	0.03	0.021	0.02	0.02	5.29	Y
14	0.030	0.03	0.021	0.01	0.01	5.21	Y
15	0.030	0.03	0.021	0.01	0.01	5.19	Y
16	0.030	0.03	0.021	0.02	0.02	5.17	Y
17	0.030	0.03	0.021	0.01	0.01	5.19	Y
18	0.030	0.03	0.021	0.02	0.02	5.23	Y
19	0.030	0.03	0.021	0.02	0.02	5.27	Y
20	0.030	0.03	0.021	0.02	0.02	5.24	Y
21	0.030	0.03	0.021	0.02	0.02	5.21	Y
22	0.030	0.03	0.021	0.02	0.02	5.19	Y
23	0.030	0.03	0.021	0.02	0.02	5.23	Y
24	0.030	0.03	0.021	0.02	0.02	5.27	Y
25	0.030	0.03	0.021	0.02	0.02	5.20	Y
26	0.030	0.03	0.021	0.02	0.02	5.21	Y
27	0.030	0.03	0.021	0.02	0.02	5.19	Y
28	0.030	0.03	0.021	0.02	0.02	5.23	Y
29	0.030	0.03	0.021	0.02	0.02	5.22	Y
30	0.030	0.03	0.021	0.02	0.02	5.21	Y
31	0.030	0.03	0.021	0.02	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	

PRINTED NAME: Laura Shepard DATE: 1/6/25
 SIGNATURE: [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
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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	1.120	31	34.7	8.6	8.10	31.7	YES	370	
2	1.190	31	36.9	8.1	8.20	34.3	YES	370	
3	1.190	31	36.9	7.8	8.10	33.8	YES	350	
4	1.190	31	36.9	7.6	8.00	33.0	YES	380	
5	1.230	31	38.1	8.2	7.70	28.6	YES	370	
6	1.270	31	39.4	8.7	7.70	27.8	YES	370	
7	1.120	31	34.7	11.0	8.30	29.0	YES	370	
8	1.120	31	34.7	10.8	8.10	27.3	YES	360	
9	1.180	31	36.6	10.0	7.80	26.1	YES	370	
10	1.170	31	36.3	10.1	7.70	25.0	YES	370	
11	1.200	31	37.2	9.4	8.30	32.6	YES	367	
12	1.230	31	38.1	10.2	7.70	25.0	YES	366	
13	1.200	31	37.2	10.3	7.70	24.7	YES	352	
14	1.100	31	34.1	10.7	8.00	26.5	YES	350	
15	1.180	31	36.6	10.2	8.10	28.7	YES	358	
16	1.080	31	33.5	10.4	8.10	28.0	YES	365	
17	1.170	31	36.3	10.6	8.20	28.9	YES	353	
18	1.100	31	34.1	11.5	8.30	28.0	YES	320	
19	1.210	31	37.5	11.7	7.80	23.4	YES	320	
20	1.170	31	36.3	12.5	8.00	23.7	YES	334	
21	1.190	31	36.9	12.1	8.30	27.1	YES	383	
22	1.210	31	37.5	11.8	8.10	25.8	YES	367	
23	1.180	31	36.6	12.1	8.20	26.2	YES	370	
24	1.190	31	36.9	11.9	8.30	27.5	YES	367	
25	1.190	31	36.9	11.3	8.00	25.7	YES	356	
26	1.120	31	34.7	11.5	8.00	25.2	YES	314	
27	1.110	31	34.4	11.9	7.70	22.0	YES	318	
28	1.120	31	34.7	11.8	7.50	20.7	YES	360	
29	1.190	31	36.9	11.5	8.40	29.3	YES	365	
30	1.170	31	36.3	11.0	7.80	24.4	YES	417	
31	1.200	31	37.2	10.4	8.00	27.4	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 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