

OHA - DWS

Membrane Filter Monthly Operating Report

County: Tillamook

System Name: City Of Rockaway Beach

Month/Year: Feb-2025

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	4.00	
1	0.030	0.03	0.021	0.02	5.20	Y
2	0.030	0.03	0.021	0.02	5.18	Y
3	0.030	0.03	0.022	0.02	5.23	Y
4	0.030	0.03	0.022	0.02	5.21	Y
5	0.030	0.03	0.022	0.02	5.23	Y
6	0.030	0.03	0.022	0.02	5.19	Y
7	0.030	0.03	0.022	0.02	5.21	Y
8	0.030	0.03	0.021	0.02	5.22	Y
9	0.030	0.03	0.022	0.02	5.19	Y
10	0.030	0.03	0.022	0.02	5.17	Y
11	0.030	0.03	0.022	0.02	5.15	Y
12	0.030	0.03	0.022	0.02	5.18	Y
13	0.030	0.03	0.022	0.02	5.25	Y
14	0.020	0.03	0.022	0.02	5.23	Y
15	0.030	0.03	0.022	0.02	5.21	Y
16	0.030	0.03	0.022	0.02	5.19	Y
17	0.030	0.03	0.023	0.02	5.25	Y
18	0.020	0.03	0.022	0.02	5.28	Y
19	0.030	0.03	0.022	0.02	5.27	Y
20	0.030	0.03	0.021	0.02	5.24	Y
21	0.030	0.03	0.022	0.02	5.27	Y
22	0.030	0.03	0.022	0.02	5.22	Y
23	0.030	0.03	0.023	0.02	5.24	Y
24	0.020	0.03	0.022	0.03	5.21	Y
25	0.020	0.03	0.023	0.02	5.26	Y
26	0.030	0.03	0.023	0.02	5.28	Y
27	0.030	0.03	0.022	0.02	5.30	Y
28	0.030	0.03	0.022	0.02	5.23	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

SIGNATURE: 

Notes:

DATE: 2/4/25

WT CERT #:

PHONE #: 503 457 6418

* 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	1.020	31	31.6	9.7	7.60	24.3	YES	364	
2	1.140	31	35.3	9.0	8.00	29.9	YES	370	
3	1.260	31	39.1	7.8	7.90	31.7	YES	360	
4	1.310	31	40.6	7.2	8.00	34.4	YES	365	
5	1.320	31	40.9	6.9	8.00	35.2	YES	375	
6	1.260	31	39.1	6.6	8.10	37.0	YES	363	
7	1.200	31	37.2	7.1	7.70	30.7	YES	368	
8	1.200	31	37.2	8.1	8.00	32.0	YES	362	
9	1.250	31	38.8	7.7	8.10	34.3	YES	362	
10	1.250	31	38.8	7.2	8.00	34.2	YES	363	
11	1.290	31	40.0	5.9	7.90	36.2	YES	370	
12	1.250	31	38.8	7.3	7.80	31.6	YES	370	
13	1.240	31	38.4	5.6	7.80	35.4	YES	358	
14	1.270	31	39.4	6.1	8.00	37.0	YES	369	
15	1.290	31	40.0	7.3	7.90	32.9	YES	364	
16	1.270	31	39.4	8.6	8.00	31.2	YES	361	
17	1.090	31	33.8	10.1	8.20	29.6	YES	350	
18	1.210	31	37.5	10.0	8.30	31.4	YES	360	
19	1.320	31	40.9	10.7	8.00	27.2	YES	366	
20	1.280	31	39.7	10.8	8.00	26.9	YES	370	
21	1.350	31	41.9	10.5	8.00	27.6	YES	370	
22	1.250	31	38.8	11.1	7.60	22.8	YES	360	
23	0.920	31	28.5	12.0	7.60	20.7	YES	315	
24	1.170	31	36.3	11.2	8.00	25.8	YES	370	
25	1.300	31	40.3	11.6	7.90	24.6	YES	370	
26	1.310	31	40.6	10.0	8.00	28.5	YES	355	
27	1.310	31	40.6	11.3	8.20	28.0	YES	424	
28	1.350	31	41.9	10.4	8.00	27.8	YES	413	

♦ 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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