OHA - DWS

Membrane Filter Monthly Operating Report

County: **Tillamook**

System Name: **City of Rockaway** Month/Year: **May-2025**

PWS ID#: 41 - **00708** Minimum test pressure **applied** || **req'd**: 20 psi || 17.8 p

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]	DIT Daily
0.096	4.00	

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	0.023	0.02	5.25	Y
2	0.030	0.03	0.023	0.02	5.17	Y
3	0.030	0.03	0.023	0.02	5.19	Y
4	0.030	0.03	0.023	0.02	5.19	Y
5	0.030	0.03	0.023	0.02	5.18	Y
6	0.030	0.03	0.023	0.02	5.14	Y
7	0.030	0.03	0.023	0.02	5.17	Y
8	0.030	0.03	0.023	0.02	5.15	Y
9	0.030	0.03	0.023	0.02	5.14	Y
10	0.030	0.03	0.023	0.02	5.17	Y
11	0.030	0.03	0.023	0.02	5.17	Y
12	0.030	0.03	0.023	0.02	5.18	Y
13	0.030	0.03	0.023	0.02	5.17	Y
14	0.030	0.03	0.023	0.02	5.20	Y
15	0.030	0.03	0.023	0.02	5.14	Y
16	0.030	0.03	0.023	0.02	5.16	Y
17	0.030	0.03	0.023	0.02	5.18	Y
18	0.030	0.03	0.023	0.02	5.17	Y
19	0.030	0.03	0.024	0.02	5.17	Y
20	0.030	0.03	0.024	0.02	5.14	Y
21	0.030	0.03	0.024	0.02	5.21	Y
22	0.030	0.03	0.024	0.02	5.17	Y
23	0.030	0.03	0.022	0.02	5.20	Y
24	0.030	0.03	0.022	0.02	5.19	Y
25	0.030	0.03	0.022	0.02	5.17	Y
26	0.030	0.03	0.022	0.02	5.16	Y
27	0.030	0.03	0.022	0.02	5.21	Y
28	0.030	0.03	0.022	0.02	5.23	Y
29	0.030	0.03	0.022	0.02	5.23	Y
30	0.030	0.03	0.022	0.02	5.17	Y
31	0.030	0.03	0.022	0.02	5.19	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:** 6/2/2025

SIGNATURE: **WT CERT #:** T3-08629

Notes: **PHONE #:** (503)374-0586

♠ *Used for optimization purposes only.*

Revised 7/31/2023

OHA-DWS

Disinfection Monthly Operating Report

System Name: **City of Rockaway**

PWS ID#: 41 - **00708**

Plant ID : WTP - **A**

0.5 ⇦ Log Inactivation Required via Disinfection

Day	Minimum Cl_2 Residual at 1st 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	1.000	31	31.0	11.5	7.70	22.3	YES	317	
2	1.000	31	31.0	11.8	7.40	19.7	YES	315	
3	1.000	31	31.0	13.8	7.70	19.1	YES	307	
4	1.030	31	31.9	11.9	7.60	21.1	YES	315	
5	1.080	31	33.5	11.0	7.70	23.3	YES	319	
6	1.070	31	33.2	14.2	7.80	19.5	YES	378	
7	1.080	31	33.5	14.3	7.60	18.0	YES	357	
8	1.160	31	36.0	12.8	8.00	23.2	YES	353	
9	1.100	31	34.1	12.9	7.80	21.3	YES	356	
10	1.100	31	34.1	13.0	7.70	20.4	YES	363	
11	1.140	31	35.3	12.6	8.10	24.4	YES	366	
12	1.060	31	32.9	13.5	7.70	19.6	YES	365	
13	1.080	31	33.5	13.2	7.50	18.6	YES	370	
14	1.030	31	31.9	14.8	8.10	20.8	YES	308	
15	1.280	31	39.7	13.1	7.90	22.2	YES	433	
16	1.240	31	38.4	12.0	7.50	20.7	YES	430	
17	1.170	31	36.3	13.3	7.50	18.7	YES	431	
18	1.050	31	32.6	12.8	8.00	22.9	YES	361	
19	1.130	31	35.0	12.0	7.80	22.7	YES	366	
20	1.050	31	32.6	13.7	7.50	18.0	YES	368	
21	1.110	31	34.4	12.7	7.40	18.6	YES	365	
22	1.220	31	37.8	13.0	7.70	20.7	YES	368	
23	1.160	31	36.0	14.7	7.70	18.3	YES	363	
24	1.200	31	37.2	14.6	7.60	17.9	YES	358	
25	1.120	31	34.7	13.6	7.70	19.6	YES	367	
26	0.970	31	30.1	15.6	7.70	16.9	YES	366	
27	1.080	31	33.5	15.3	7.40	15.6	YES	364	
28	1.060	31	32.9	15.2	7.50	16.3	YES	364	
29	0.960	31	29.8	14.7	7.50	16.6	YES	373	
30	1.030	31	31.9	15.9	7.40	14.9	YES	363	
31	1.000	31	31.0	14.5	7.60	17.6	YES	374	

♦ 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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