OHA - DWS

Membrane Filter Monthly Operating Report

County: **Tillamook**

System Name: **City of Rockaway** Month/Year: **Jun-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	0.022	0.02	5.18	Y
2	0.030	0.03	0.022	0.02	5.13	Y
3	0.030	0.03	0.022	0.02	5.14	Y
4	0.030	0.03	0.022	0.02	5.16	Y
5	0.030	0.03	0.022	0.02	5.18	Y
6	0.030	0.03	0.022	0.02	5.17	Y
7	0.030	0.03	0.022	0.02	5.13	Y
8	0.030	0.03	0.022	0.02	5.19	Y
9	0.030	0.03	0.022	0.02	5.14	Y
10	0.030	0.03	0.022	0.02	5.15	Y
11	0.030	0.03	0.022	0.02	5.13	Y
12	0.030	0.03	0.022	0.02	5.14	Y
13	0.030	0.03	0.022	0.02	5.16	Y
14	0.030	0.03	0.022	0.02	5.20	Y
15	0.030	0.03	0.022	0.02	5.11	Y
16	0.030	0.03	0.022	0.03	5.05	Y
17	0.030	0.03	0.022	0.03	5.07	Y
18	0.030	0.03	0.022	0.02	5.06	Y
19	0.030	0.03	0.022	0.02	5.08	Y
20	0.030	0.03	0.022	0.02	5.11	Y
21	0.030	0.03	0.022	0.02	5.15	Y
22	0.030	0.04	0.023	0.03	5.07	Y
23	0.030	0.03	0.022	0.02	5.06	Y
24	0.030	0.03	0.022	0.03	5.05	Y
25	0.030	0.03	0.022	0.03	5.07	Y
26	0.030	0.03	0.022	0.02	5.09	Y
27	0.030	0.03	0.022	0.02	5.09	Y
28	0.030	0.03	0.022	0.02	5.07	Y
29	0.030	0.03	0.022	0.02	5.09	Y
30	0.030	0.03	0.022	0.02	5.04	Y
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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] ($PDR \le PDR_{Max}$, $LRV \ge LRC$)	DIT Daily?
Yes	Yes	Yes	Yes	Yes

CT's met daily? (p. 2)	All Cl_2 residual at EP ≥ 0.2 $^{mg}/_{L}$?	$PDR \le PDR_{Max}$?	$LRV_{ambient} \ge LRC$?
Yes	Yes	Yes	Yes

PRINTED NAME: Luke Shepard **DATE:** 7/1/2025

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	1.040	31	32.2	15.2	7.40	15.7	YES	355	
2	1.090	31	33.8	15.8	7.60	16.3	YES	426	
3	1.090	31	33.8	15.4	7.50	16.1	YES	418	
4	1.070	31	33.2	14.4	7.60	17.8	YES	371	
5	1.050	31	32.6	13.7	7.50	18.0	YES	369	
6	1.020	31	31.6	14.6	7.60	17.5	YES	366	
7	1.110	31	34.4	13.9	7.50	17.9	YES	372	
8	1.070	31	33.2	12.9	7.50	19.0	YES	367	
9	0.850	31	26.4	14.1	7.40	16.5	YES	387	
10	0.880	31	27.3	15.7	7.70	16.6	YES	370	
11	1.070	31	33.2	15.4	7.70	17.3	YES	427	
12	1.130	31	35.0	14.9	7.60	17.4	YES	408	
13	1.220	31	37.8	13.1	7.60	19.8	YES	421	
14	1.200	31	37.2	13.4	7.60	19.4	YES	415	
15	1.120	31	34.7	12.5	7.70	21.1	YES	428	
16	0.930	31	28.8	12.9	7.70	20.1	YES	397	
17	0.980	31	30.4	13.7	7.60	18.5	YES	392	
18	1.110	31	34.4	15.7	7.30	14.7	YES	495	
19	1.170	31	36.3	14.3	7.70	18.9	YES	420	
20	1.250	31	38.8	14.9	7.60	17.6	YES	471	
21	1.160	31	36.0	13.3	7.50	18.7	YES	435	
22	0.860	31	26.7	12.8	7.50	18.7	YES	369	
23	1.180	31	36.6	14.9	7.40	16.2	YES	462	
24	1.240	31	38.4	13.7	7.50	18.4	YES	440	
25	1.260	31	39.1	13.5	7.40	18.0	YES	422	
26	1.130	31	35.0	14.5	7.50	17.2	YES	433	
27	1.230	31	38.1	15.6	7.70	17.4	YES	437	
28	1.180	31	36.6	17.0	7.40	14.1	YES	435	
29	1.210	31	37.5	16.7	7.70	16.1	YES	423	
30	1.080	31	33.5	15.6	7.60	16.5	YES	438	
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♦ 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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