

OHA - DWS

Membrane Filter Monthly Operating Report

County: **Tillamook**

System Name: **City of Rockaway**

Month/Year: **Jul-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

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	5.10	Y
2	0.030	0.03	0.022	0.02	5.09	Y
3	0.030	0.04	0.022	0.03	5.05	Y
4	0.030	0.03	0.022	0.02	5.07	Y
5	0.030	0.03	0.022	0.02	5.06	Y
6	0.030	0.03	0.022	0.02	5.09	Y
7	0.030	0.03	0.022	0.02	5.10	Y
8	0.030	0.03	0.022	0.02	5.09	Y
9	0.030	0.03	0.022	0.02	5.05	Y
10	0.030	0.03	0.022	0.02	5.09	Y
11	0.030	0.03	0.022	0.02	5.08	Y
12	0.030	0.04	0.022	0.02	5.05	Y
13	0.030	0.04	0.022	0.02	5.05	Y
14	0.030	0.04	0.022	0.02	5.06	Y
15	0.030	0.04	0.022	0.02	5.10	Y
16	0.030	0.03	0.022	0.02	5.12	Y
17	0.030	0.03	0.022	0.02	5.14	Y
18	0.030	0.03	0.023	0.02	5.11	Y
19	0.030	0.04	0.022	0.02	5.13	Y
20	0.030	0.04	0.023	0.02	5.11	Y
21	0.030	0.04	0.023	0.02	5.09	Y
22	0.030	0.03	0.023	0.03	5.10	Y
23	0.030	0.03	0.023	0.03	5.11	Y
24	0.030	0.03	0.023	0.02	5.09	Y
25	0.030	0.04	0.023	0.02	5.09	Y
26	0.030	0.03	0.023	0.02	5.12	Y
27	0.030	0.04	0.023	0.02	5.14	Y
28	0.030	0.03	0.023	0.03	5.13	Y
29	0.030	0.03	0.023	0.02	5.07	Y
30	0.030	0.03	0.023	0.02	5.06	Y
31	0.030	0.03	0.023	0.02	5.05	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: 8/4/2025
SIGNATURE: 	WT CERT #: T3-08629
Notes:	PHONE #: (503)374-0586

Disinfection Monthly Operating ReportSystem 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 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	1.250	31	38.8	14.1	7.50	17.9	YES	450	
2	1.250	31	38.8	14.3	7.50	17.7	YES	450	
3	1.210	31	37.5	14.2	7.90	20.5	YES	450	
4	1.260	23	29.0	13.2	7.60	19.7	YES	550	
5	1.250	23	28.8	16.1	7.70	16.9	YES	550	
6	1.260	23	29.0	14.5	7.70	18.8	YES	550	
7	1.260	23	29.0	13.8	7.70	19.7	YES	550	
8	1.170	31	36.3	14.8	7.40	16.3	YES	450	
9	1.150	31	35.7	14.8	7.60	17.5	YES	450	
10	1.190	31	36.9	16.8	7.60	15.4	YES	450	
11	1.200	31	37.2	17.0	7.70	15.8	YES	480	
12	1.000	31	31.0	16.0	7.50	15.3	YES	480	
13	1.100	31	34.1	15.0	7.60	17.2	YES	480	
14	1.200	31	37.2	15.9	7.50	15.8	YES	480	
15	1.300	23	29.9	16.8	7.60	15.6	YES	500	
16	1.300	23	29.9	14.3	7.60	18.4	YES	500	
17	1.300	23	29.9	14.8	7.70	18.5	YES	500	
18	1.400	23	32.2	15.3	7.70	18.1	YES	500	
19	1.310	23	30.1	17.4	7.80	16.2	YES	500	
20	1.170	23	26.9	15.1	7.90	19.2	YES	500	
21	1.000	23	23.0	16.3	7.80	16.8	YES	500	
22	1.000	31	31.0	16.4	7.80	16.7	YES	480	
23	1.060	31	32.9	15.2	7.80	18.2	YES	480	
24	1.070	31	33.2	15.4	7.50	16.1	YES	420	
25	1.140	31	35.3	14.6	7.80	19.1	YES	420	
26	1.180	23	27.1	14.8	7.70	18.3	YES	500	
27	1.260	23	29.0	14.2	7.60	18.5	YES	500	
28	1.090	23	25.1	16.1	7.60	16.0	YES	500	
29	1.110	31	34.4	13.9	7.70	19.2	YES	420	
30	0.930	31	28.8	16.1	7.70	16.3	YES	420	
31	0.970	31	30.1	15.9	7.60	16.0	YES	420	

* 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