OHA - DWS

Membrane Filter Monthly Operating Report

System Name: **City of Rockaway** County: **Tillamook**

PWS ID#: 41 - **00708** Month/Year: **Sep-2025**

Plant ID: WTP - **A** *(e.g., "A")* Minimum test pressure **applied || req'd**: 20 psi || 17.8 p

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	0.025	0.02	5.05	Y
2	0.030	0.04	0.024	0.03	5.09	Y
3	0.030	0.04	0.024	0.02	5.07	Y
4	0.030	0.03	0.025	0.02	5.08	Y
5	0.030	0.02	0.025	0.02	5.09	Y
6	0.030	0.02	0.025	0.03	5.05	Y
7	0.030	0.02	0.025	0.02	5.05	Y
8	0.030	0.02	0.025	0.02	5.06	Y
9	0.030	0.03	0.025	0.02	5.11	Y
10	0.030	0.04	0.025	0.02	5.07	Y
11	0.030	0.03	0.025	0.02	5.08	Y
12	0.030	0.03	0.025	0.02	5.09	Y
13	0.030	0.03	0.025	0.02	5.07	Y
14	0.030	0.04	0.025	0.02	5.09	Y
15	0.030	0.03	0.025	0.02	5.12	Y
16	0.030	0.04	0.026	0.02	5.05	Y
17	0.030	0.03	0.026	0.03	5.06	Y
18	0.030	0.03	0.026	0.02	5.09	Y
19	0.030	0.03	0.026	0.02	5.07	Y
20	0.030	0.04	0.025	0.02	5.08	Y
21	0.030	0.04	0.025	0.02	5.09	Y
22	0.030	0.03	0.024	0.02	5.12	Y
23	0.030	0.03	0.023	0.02	5.09	Y
24	0.030	0.03	0.024	0.02	5.07	Y
25	0.030	0.03	0.024	0.02	5.06	Y
26	0.030	0.03	0.024	0.02	5.08	Y
27	0.030	0.04	0.024	0.02	5.07	Y
28	0.030	0.03	0.024	0.02	5.10	Y
29	0.030	0.03	0.024	0.02	5.09	Y
30	0.030	0.04	0.024	0.03	5.04	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:** 10/6/2025

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

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

♣ *Used for optimization purposes only.*

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	0.910	31	28.2	15.0	7.50	16.2	YES	400	
2	1.110	31	34.4	15.5	7.90	18.6	YES	400	
3	1.100	31	34.1	14.9	7.80	18.6	YES	400	
4	0.910	31	28.2	15.3	7.80	17.8	YES	400	
5	1.080	31	33.5	14.8	7.80	18.7	YES	400	
6	1.090	31	33.8	15.1	7.80	18.4	YES	400	
7	0.990	31	30.7	14.9	7.70	17.7	YES	400	
8	1.000	31	31.0	15.0	7.80	18.3	YES	300	
9	1.000	31	31.0	14.9	7.90	19.1	YES	300	
10	0.930	31	28.8	15.0	7.90	18.9	YES	300	
11	1.120	31	34.7	14.9	7.70	18.0	YES	350	
12	0.830	31	25.7	14.7	7.70	17.7	YES	350	
13	0.990	31	30.7	14.8	7.80	18.5	YES	350	
14	0.910	31	28.2	15.1	7.70	17.4	YES	350	
15	1.090	31	33.8	14.6	7.70	18.3	YES	350	
16	1.060	31	32.9	15.2	7.80	18.2	YES	350	
17	1.140	31	35.3	15.3	7.50	16.3	YES	350	
18	0.880	31	27.3	14.2	7.70	18.4	YES	350	
19	1.060	31	32.9	13.5	7.60	18.9	YES	350	
20	0.750	31	23.3	13.4	7.80	19.8	YES	350	
21	0.760	31	23.6	15.2	7.60	16.3	YES	350	
22	0.780	31	24.2	13.5	7.40	17.0	YES	350	
23	0.950	31	29.5	14.6	7.50	16.7	YES	350	
24	0.990	31	30.7	13.8	7.70	19.1	YES	350	
25	1.100	31	34.1	13.7	7.60	18.8	YES	350	
26	0.900	31	27.9	13.4	7.80	20.1	YES	350	
27	1.080	31	33.5	13.0	7.80	21.1	YES	350	
28	1.070	31	33.2	14.2	7.80	19.5	YES	350	
29	0.960	31	29.8	15.1	7.60	16.8	YES	300	
30	0.800	31	24.8	14.3	7.70	18.1	YES	350	

♦ 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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