OHA - DWS

Membrane Filter Monthly Operating Report

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

PWS ID#: 41 - **00708** Month/Year: **Oct-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	0.040	0.05	0.024	0.03	5.07	Y
2	0.030	0.04	0.024	0.02	5.09	Y
3	0.040	0.04	0.024	0.02	5.10	Y
4	0.030	0.04	0.024	0.02	5.11	Y
5	0.040	0.04	0.024	0.02	5.12	Y
6	0.030	0.04	0.024	0.02	5.07	Y
7	0.020	0.03	0.024	0.02	5.11	Y
8	0.030	0.03	0.024	0.02	5.05	Y
9	0.020	0.02	0.024	0.02	5.08	Y
10	0.020	0.02	0.024	0.02	5.07	Y
11	0.020	0.02	0.024	0.02	5.07	Y
12	0.020	0.02	0.024	0.02	5.09	Y
13	0.020	0.02	0.024	0.03	5.04	Y
14	0.020	0.02	0.024	0.02	5.05	Y
15	0.020	0.02	0.024	0.02	5.07	Y
16	0.020	0.02	0.024	0.02	5.07	Y
17	0.020	0.02	0.024	0.03	5.09	Y
18	0.020	0.02	0.024	0.02	5.09	Y
19	0.020	0.02	0.025	0.02	5.10	Y
20	0.030	0.02	0.025	0.02	5.05	Y
21	0.020	0.02	0.025	0.02	5.07	Y
22	0.020	0.04	0.025	0.03	5.05	Y
23	0.020	0.02	0.025	0.02	5.06	Y
24	0.020	0.02	0.025	0.03	5.07	Y
25	0.030	0.03	0.025	0.02	5.05	Y
26	0.020	0.03	0.025	0.02	5.03	Y
27	0.020	0.03	0.025	0.02	5.07	Y
28	0.020	0.02	0.025	0.03	5.09	Y
29	0.020	0.02	0.025	0.03	5.09	Y
30	0.020	0.02	0.025	0.02	5.06	Y
31	0.020	0.02	0.025	0.02	5.09	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:** 11/3/2025

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	0.920	31	28.5	14.5	7.70	18.1	YES	350	
2	0.820	31	25.4	15.5	7.30	14.4	YES	350	
3	0.940	31	29.1	14.6	7.40	16.1	YES	350	
4	1.450	31	45.0	14.4	7.40	17.3	YES	350	
5	1.430	31	44.3	14.4	7.60	18.6	YES	350	
6	1.210	31	37.5	14.3	7.70	18.9	YES	420	
7	1.160	31	36.0	13.6	7.70	19.7	YES	420	
8	1.180	31	36.6	13.1	7.70	20.4	YES	420	
9	1.040	31	32.2	12.4	7.70	21.1	YES	420	
10	1.060	31	32.9	13.4	7.70	19.8	YES	420	
11	1.080	31	33.5	13.2	7.80	20.8	YES	420	
12	1.000	31	31.0	12.7	7.60	19.8	YES	420	
13	1.020	31	31.6	12.5	7.60	20.1	YES	350	
14	1.090	31	33.8	11.4	7.70	22.7	YES	350	
15	1.160	31	36.0	10.7	7.60	23.1	YES	350	
16	1.030	31	31.9	10.2	7.60	23.6	YES	350	
17	1.000	31	31.0	11.5	7.50	20.8	YES	350	
18	1.000	31	31.0	11.7	7.60	21.3	YES	350	
19	1.020	31	31.6	12.2	7.70	21.4	YES	300	
20	0.950	31	29.5	12.0	7.60	20.7	YES	420	
21	1.140	31	35.3	10.9	7.70	23.6	YES	480	
22	1.090	31	33.8	12.0	7.60	21.1	YES	480	
23	0.970	31	30.1	13.1	7.50	18.5	YES	300	
24	0.960	31	29.8	13.7	7.50	17.8	YES	300	
25	1.200	31	37.2	12.7	7.40	18.8	YES	300	
26	1.200	31	37.2	12.1	7.40	19.8	YES	300	
27	1.190	31	36.9	12.0	7.80	22.9	YES	400	
28	1.200	31	37.2	11.7	8.00	25.1	YES	400	
29	1.120	31	34.7	12.4	7.80	22.1	YES	400	
30	1.120	31	34.7	11.4	7.80	23.6	YES	420	
31	1.040	31	32.2	12.7	8.10	23.9	YES	300	

♦ 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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