

OHA - DWS

Membrane Filter Monthly Operating Report

County: **Tillamook**

System Name: **City of Rockaway**

Month/Year: **Dec-2025**

PWS ID#: 41 - **00708**

Minimum test pressure applied || req'd: 20 psi || 17.8 f

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

Day	CFE Daily Turbidity [NTU]	Highest CFE* [NTU]	Highest IFE [NTU] (>15 min duration)	PDR _{Max} [^{psi} / _{min}]		LRC [log removal]	DIT Daily
				0.096		4.00	
				Highest PDR of day [^{psi} / _{min}]	Lowest LRV _{ambient} of day [log removal]		[Y/N] or "off"
1	0.030	0.03	0.026	0.02	5.11		Y
2	0.020	0.02	0.026	0.02	5.09		Y
3	0.020	0.02	0.026	0.02	5.17		Y
4	0.020	0.03	0.027	0.02	5.15		Y
5	0.020	0.02	0.026	0.02	5.16		Y
6	0.020	0.02	0.026	0.02	5.17		Y
7	0.020	0.02	0.026	0.02	5.17		Y
8	0.020	0.02	0.026	0.02	5.15		Y
9	0.030	0.03	0.026	0.02	5.11		Y
10	0.030	0.03	0.026	0.02	5.13		Y
11	0.030	0.03	0.026	0.02	5.19		Y
12	0.020	0.02	0.026	0.02	5.09		Y
13	0.020	0.02	0.026	0.02	5.10		Y
14	0.020	0.02	0.026	0.02	5.09		Y
15	0.020	0.02	0.026	0.02	5.13		Y
16	0.030	0.02	0.027	0.02	5.15		Y
17	0.030	0.03	0.027	0.02	5.17		Y
18	0.030	0.03	0.027	0.02	5.15		Y
19	0.030	0.03	0.027	0.02	5.17		Y
20	0.030	0.03	0.027	0.02	5.15		Y
21	0.020	0.02	0.027	0.02	5.13		Y
22	0.020	0.02	0.027	0.02	5.19		Y
23	0.020	0.02	0.027	0.02	5.17		Y
24	0.020	0.02	0.027	0.02	5.09		Y
25	0.020	0.02	0.027	0.02	5.12		Y
26	0.020	0.02	0.027	0.02	5.13		Y
27	0.020	0.02	0.027	0.02	5.14		Y
28	0.020	0.02	0.027	0.02	5.18		Y
29	0.020	0.02	0.027	0.02	5.17		Y
30	0.020	0.02	0.027	0.02	5.13		Y
31	0.020	0.02	0.027	0.02	5.16		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: **1/6/2026**

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

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

* Used for optimization purposes only.

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 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	1.160	31	36.0	10.3	8.00	27.4	YES	350	
2	1.150	31	35.7	11.2	7.80	24.0	YES	350	
3	1.150	31	35.7	10.6	8.00	26.8	YES	300	
4	1.100	31	34.1	10.5	8.00	26.9	YES	300	
5	1.160	31	36.0	11.5	7.90	24.4	YES	300	
6	1.310	31	40.6	12.4	7.70	21.8	YES	300	
7	1.250	31	38.8	12.6	7.90	22.9	YES	350	
8	1.270	31	39.4	12.9	8.00	23.4	YES	350	
9	1.360	31	42.2	13.1	7.70	20.9	YES	200	
10	1.220	31	37.8	13.3	7.70	20.3	YES	200	
11	1.220	31	37.8	13.4	7.60	19.4	YES	300	
12	1.180	31	36.6	12.7	7.70	21.0	YES	350	
13	1.280	31	39.7	11.7	7.70	22.7	YES	350	
14	1.280	31	39.7	12.5	7.90	23.1	YES	400	
15	1.200	31	37.2	13.0	8.00	23.0	YES	300	
16	1.130	31	35.0	12.9	7.90	22.2	YES	350	
17	1.070	31	33.2	11.9	7.80	22.7	YES	300	
18	1.040	31	32.2	11.7	7.90	23.8	YES	250	
19	1.130	31	35.0	11.5	7.70	22.7	YES	300	
20	1.060	31	32.9	11.4	8.30	28.0	YES	300	
21	1.070	31	33.2	11.5	8.00	25.0	YES	300	
22	1.140	31	35.3	11.0	8.00	26.1	YES	300	
23	1.170	31	36.3	10.9	8.00	26.4	YES	300	
24	1.160	31	36.0	11.4	8.00	25.5	YES	300	
25	1.110	31	34.4	10.7	8.00	26.5	YES	250	
26	1.150	31	35.7	10.7	8.00	26.7	YES	250	
27	1.140	31	35.3	10.6	8.00	26.8	YES	300	
28	1.150	31	35.7	9.7	7.90	27.5	YES	300	
29	1.170	31	36.3	9.8	7.80	26.4	YES	350	
30	1.130	31	35.0	9.6	7.70	25.7	YES	350	
31	1.180	31	36.6	9.2	7.80	27.5	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