

OHA - DWS

Membrane Filter Monthly Operating Report

County: **Tillamook**

System Name: **City of Rockaway**

Month/Year: **Jan-2026**

PWS ID#: 41 - **00708** Minimum test pressure applied || req'd: 20 psi || 17.8 c

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	0.020	0.02	0.026	0.02	5.15	Y
2	0.020	0.02	0.026	0.02	5.16	Y
3	0.020	0.02	0.027	0.02	5.18	Y
4	0.020	0.02	0.027	0.02	5.19	Y
5	0.020	0.02	0.027	0.02	5.17	Y
6	0.020	0.02	0.027	0.02	5.14	Y
7	0.020	0.02	0.027	0.02	5.09	Y
8	0.020	0.03	0.027	0.02	5.11	Y
9	0.020	0.03	0.027	0.02	5.17	Y
10	0.020	0.03	0.027	0.02	5.19	Y
11	0.030	0.03	0.027	0.02	5.16	Y
12	0.020	0.02	0.027	0.02	5.17	Y
13	0.020	0.02	0.027	0.02	5.13	Y
14	0.030	0.03	0.027	0.02	5.10	Y
15	0.020	0.03	0.027	0.02	5.12	Y
16	0.020	0.02	0.027	0.02	5.11	Y
17	0.020	0.02	0.027	0.02	5.13	Y
18	0.020	0.02	0.027	0.02	5.16	Y
19	0.020	0.02	0.027	0.02	5.17	Y
20	0.020	0.02	0.027	0.02	5.15	Y
21	0.020	0.02	0.027	0.02	5.21	Y
22	0.020	0.02	0.027	0.02	5.20	Y
23	0.020	0.02	0.027	0.02	5.22	Y
24	0.020	0.02	0.027	0.02	5.21	Y
25	0.020	0.02	0.027	0.02	5.18	Y
26	0.020	0.02	0.027	0.02	5.16	Y
27	0.020	0.02	0.028	0.02	5.11	Y
28	0.020	0.02	0.028	0.02	5.17	Y
29	0.020	0.03	0.028	0.02	5.17	Y
30	0.020	0.02	0.028	0.02	5.19	Y
31	0.020	0.03	0.027	0.02	5.18	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: **2/2/2026**

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 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	1.120	31	34.7	10.1	7.90	26.7	YES	420	
2	1.110	31	34.4	10.5	7.90	25.9	YES	420	
3	1.110	31	34.4	11.5	7.80	23.4	YES	400	
4	1.160	31	36.0	11.1	7.80	24.2	YES	300	
5	1.190	31	36.9	10.2	7.80	25.8	YES	300	
6	1.080	31	33.5	10.4	8.10	28.0	YES	300	
7	1.030	31	31.9	10.6	7.70	23.8	YES	300	
8	1.140	31	35.3	10.6	7.80	25.0	YES	350	
9	1.090	31	33.8	10.5	7.90	25.9	YES	350	
10	1.120	31	34.7	10.3	7.80	25.4	YES	350	
11	1.090	31	33.8	11.3	7.80	23.7	YES	300	
12	1.060	31	32.9	11.7	7.80	23.0	YES	300	
13	1.070	31	33.2	11.3	8.00	25.4	YES	300	
14	1.050	31	32.6	10.7	8.00	26.4	YES	300	
15	1.080	31	33.5	10.3	7.70	24.4	YES	300	
16	1.070	31	33.2	10.4	7.80	25.1	YES	300	
17	1.080	31	33.5	9.8	7.80	26.2	YES	300	
18	1.050	31	32.6	9.6	7.80	26.4	YES	300	
19	1.070	31	33.2	9.2	7.90	28.2	YES	300	
20	1.100	31	34.1	8.5	7.80	28.6	YES	350	
21	1.120	31	34.7	8.2	7.80	29.3	YES	350	
22	1.080	31	33.5	8.2	8.00	31.3	YES	300	
23	1.080	31	33.5	8.6	7.70	27.3	YES	300	
24	1.090	31	33.8	7.3	8.00	33.3	YES	300	
25	1.090	31	33.8	7.2	7.80	31.2	YES	300	
26	1.070	31	33.2	7.4	8.00	33.0	YES	300	
27	1.050	31	32.6	8.8	7.80	27.9	YES	300	
28	1.010	31	31.3	11.1	8.00	25.5	YES	300	
29	1.020	31	31.6	11.1	8.00	25.6	YES	300	
30	1.110	31	34.4	11.4	7.90	24.4	YES	300	
31	1.160	31	36.0	11.4	8.10	26.4	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