

# OHA - DWS

## Membrane Filter Monthly Operating Report

County: Tillamook

System Name: City of Rockaway

Month/Year: Feb-2026

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

PDR<sub>Max</sub> [<sup>psi</sup>/<sub>min</sub>]

LRC [log removal]

DIT  
Daily

LRC = Log Removal Credit

0.096

4.00

Day	CFE Daily Turbidity [NTU]	Highest CFE* [NTU]	Highest IFE [NTU] (>15 min duration)	Highest PDR of day [ <sup>psi</sup> / <sub>min</sub> ]	Lowest LRV <sub>ambient</sub> of day [log removal]	[Y/N] or "off"
1	0.030	0.02	0.027	0.02	5.16	Y
2	0.020	0.02	0.027	0.02	5.10	Y
3	0.020	0.02	0.027	0.02	5.10	Y
4	0.020	0.02	0.027	0.02	5.17	Y
5	0.020	0.02	0.027	0.02	5.12	Y
6	0.020	0.02	0.027	0.02	5.10	Y
7	0.020	0.02	0.027	0.02	5.11	Y
8	0.020	0.02	0.027	0.02	5.13	Y
9	0.020	0.02	0.027	0.02	5.12	Y
10	0.020	0.02	0.027	0.02	5.12	Y
11	0.020	0.02	0.027	0.02	5.16	Y
12	0.020	0.02	0.027	0.02	5.16	Y
13	0.020	0.03	0.027	0.03	4.91	Y
14	0.020	0.02	0.027	0.02	5.13	Y
15	0.020	0.03	0.027	0.02	5.12	Y
16	0.020	0.02	0.028	0.02	5.16	Y
17	0.020	0.03	0.028	0.02	5.17	Y
18	0.020	0.02	0.028	0.02	5.15	Y
19	0.030	0.03	0.028	0.02	5.19	Y
20	0.020	0.02	0.028	0.02	5.20	Y
21	0.020	0.02	0.028	0.02	5.15	Y
22	0.020	0.02	0.028	0.02	5.19	Y
23	0.020	0.02	0.028	0.02	5.15	Y
24	0.020	0.02	0.028	0.02	5.21	Y
25	0.020	0.02	0.028	0.02	5.22	Y
26	0.020	0.02	0.028	0.02	5.17	Y
27	0.020	0.03	0.028	0.02	5.15	Y
28	0.020	0.02	0.028	0.02	5.21	Y
29						
30						
31						

**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 <sub>Max</sub> , LRV ≥ LRC)	DIT Daily?
Yes	Yes	Yes	Yes	Yes
CT's met daily? (p. 2)	All Cl <sub>2</sub> residual at EP ≥ 0.2 mg/L?	PDR ≤ PDR <sub>Max</sub> ?	LRV <sub>ambient</sub> ≥ LRC?	
Yes	Yes	Yes	Yes	

PRINTED NAME: Luke Shepard DATE: 3/3/2026  
 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**

**0.5**

↔ Log Inactivation Required via Disinfection

Plant ID : WTP - **A**

Day	Minimum Cl <sub>2</sub> Residual at 1 <sup>st</sup> User ( C ) * [ <sup>mg</sup> / <sub>L</sub> = 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	1.090	31	33.8	11.9	7.90	23.6	YES	300	
2	1.090	31	33.8	11.4	8.00	25.3	YES	300	
3	1.100	31	34.1	11.5	7.70	22.6	YES	300	
4	1.060	31	32.9	11.5	7.80	23.3	YES	300	
5	1.050	31	32.6	11.3	8.00	25.3	YES	300	
6	0.930	31	28.8	11.6	7.70	22.0	YES	300	
7	1.070	31	33.2	11.4	8.10	26.1	YES	300	
8	1.080	31	33.5	11.3	7.80	23.7	YES	300	
9	1.080	31	33.5	11.2	8.00	25.6	YES	300	
10	1.060	31	32.9	10.2	7.70	24.5	YES	300	
11	1.070	31	33.2	10.0	8.00	27.7	YES	300	
12	1.080	31	33.5	9.4	8.00	28.9	YES	300	
13	1.090	31	33.8	10.1	7.90	26.6	YES	300	
14	1.240	31	38.4	10.6	7.90	26.2	YES	300	
15	1.170	31	36.3	10.4	8.00	27.3	YES	300	
16	1.150	31	35.7	9.7	7.90	27.5	YES	300	
17	1.160	31	36.0	9.0	7.80	27.9	YES	400	
18	1.150	31	35.7	7.1	7.70	30.5	YES	400	
19	1.070	31	33.2	7.7	7.80	30.1	YES	350	
20	1.060	31	32.9	8.3	7.80	28.9	YES	350	
21	1.290	31	40.0	9.1	7.80	28.1	YES	350	
22	1.210	31	37.5	10.7	7.80	25.0	YES	300	
23	1.080	31	33.5	10.6	7.90	25.7	YES	300	
24	1.150	31	35.7	10.5	7.80	25.2	YES	300	
25	1.110	31	34.4	10.2	7.80	25.5	YES	300	
26	1.100	31	34.1	10.4	8.30	30.1	YES	300	
27	1.040	31	32.2	9.2	7.40	23.6	YES	300	
28	1.110	31	34.4	9.3	7.80	27.2	YES	300	
29									
30									
31									

\* If chlorine concentration at entry point < 0.2 <sup>mg</sup>/<sub>L</sub>, or CT not met, notify DWS within 24 hours.

**Submit this monthly report by the 10<sup>th</sup> of following month by**

mail: Drinking Water Services  
 PO Box 14350  
 Portland, OR 97293-0350  
 email: [dwp.dmce@odhsoha.oregon.gov](mailto:dwp.dmce@odhsoha.oregon.gov)  
 fax: 971-673-0458