

# OHA - DWS

## Membrane Filter Monthly Operating Report

County: Tillamook

System Name: City of Rockaway

Month/Year: Mar-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	0.020	0.02	0.028	0.02	5.16	Y
2	0.020	0.03	0.028	0.02	5.17	Y
3	0.020	0.03	0.028	0.02	5.13	Y
4	0.020	0.03	0.020	0.02	5.14	Y
5	0.030	0.02	0.028	0.02	5.16	Y
6	0.020	0.02	0.028	0.02	5.14	Y
7	0.020	0.02	0.028	0.02	5.15	Y
8	0.020	0.02	0.028	0.02	5.17	Y
9	0.020	0.02	0.028	0.02	5.14	Y
10	0.020	0.02	0.028	0.02	5.19	Y
11	0.020	0.03	0.029	0.02	5.13	Y
12	0.020	0.02	0.029	0.02	5.15	Y
13	0.020	0.02	0.028	0.02	5.17	Y
14	0.020	0.02	0.028	0.02	5.18	Y
15	0.020	0.02	0.028	0.02	5.20	Y
16	0.020	0.02	0.029	0.02	5.19	Y
17	0.020	0.02	0.029	0.02	5.18	Y
18	0.020	0.03	0.029	0.02	5.15	Y
19	0.020	0.02	0.028	0.02	5.16	Y
20	0.020	0.02	0.029	0.02	5.15	Y
21	0.020	0.02	0.029	0.02	5.14	Y
22	0.020	0.02	0.029	0.02	5.15	Y
23	0.020	0.03	0.029	0.02	5.16	Y
24	0.020	0.02	0.029	0.03	5.90	Y
25	0.020	0.02	0.029	0.03	5.07	Y
26	0.020	0.02	0.029	0.02	5.09	Y
27	0.020	0.02	0.029	0.02	5.08	Y
28	0.020	0.02	0.029	0.02	5.10	Y
29	0.020	0.02	0.029	0.02	5.12	Y
30	0.020	0.02	0.029	0.03	5.09	Y
31	0.020	0.02	0.029	0.02	5.05	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 <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:** 4/1/2026  
**SIGNATURE:**       **WT CERT #:** T3-08629  
**Notes:**      **PHONE #:** (503)374-0586

# OHA-DWS

## 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 ) * [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	1.070	31	33.2	10.5	7.80	24.9	YES	300	
2	1.100	31	34.1	11.4	7.90	24.4	YES	300	
3	0.960	31	29.8	11.9	7.50	20.2	YES	300	
4	0.890	31	27.6	11.5	7.60	21.3	YES	300	
5	1.110	31	34.4	11.3	7.70	22.9	YES	300	
6	1.150	31	35.7	10.9	7.60	22.8	YES	300	
7	1.090	31	33.8	12.0	7.90	23.4	YES	300	
8	1.090	31	33.8	11.8	7.70	22.1	YES	300	
9	1.150	31	35.7	10.3	7.80	25.5	YES	300	
10	1.170	31	36.3	10.2	8.00	27.6	YES	300	
11	1.150	31	35.7	9.5	7.80	26.9	YES	300	
12	1.190	31	36.9	11.3	7.50	21.6	YES	150	
13	1.050	31	32.6	11.8	7.70	22.0	YES	150	
14	1.170	31	36.3	11.4	7.60	22.1	YES	150	
15	1.210	31	37.5	11.3	7.90	24.9	YES	350	
16	1.260	31	39.1	11.2	7.90	25.2	YES	400	
17	1.190	31	36.9	12.4	8.00	23.9	YES	400	
18	1.190	31	36.9	12.3	7.80	22.4	YES	400	
19	1.100	31	34.1	12.2	7.90	23.1	YES	400	
20	1.000	31	31.0	12.3	7.90	22.7	YES	350	
21	1.200	31	37.2	12.2	7.80	22.6	YES	350	
22	1.180	31	36.6	10.9	8.00	26.4	YES	350	
23	0.970	31	30.1	10.6	8.10	27.2	YES	350	
24	1.050	31	32.6	10.8	7.90	25.3	YES	300	
25	1.050	31	32.6	11.4	7.90	24.3	YES	300	
26	1.040	31	32.2	10.5	7.80	24.8	YES	350	
27	1.120	31	34.7	11.5	7.70	22.6	YES	350	
28	1.090	31	33.8	11.9	7.90	23.6	YES	350	
29	1.090	31	33.8	11.7	8.10	25.7	YES	350	
30	1.070	31	33.2	9.9	8.00	27.9	YES	350	
31	1.110	31	34.4	10.4	8.10	28.1	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 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