

# OHA - DWS

## Membrane Filter Monthly Operating Report

County: **Lincoln**

System Name: **Seal Rock Water District**

Month/Year: **Mar-2024**

PWS ID#: 41 - **00798**

Minimum test pressure applied || req'd: 19.2 si || 18.2 ps

Plant ID: WTP - **C** (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 <sub>Max</sub> [ <sup>psi</sup> /min]	LRC [log removal]	DIT Daily
				0.090	4.00	
1	0.020	0.02	0.020	0.03	4.50	Yes
2						OFF
3						OFF
4	0.020	0.02	0.020	0.03	4.33	Yes
5	0.020	0.02	0.020	0.03	4.46	Yes
6	0.020	0.02	0.020	0.04	4.42	Yes
7	0.030	0.03	0.030	0.04	4.44	Yes
8	0.040	0.04	0.040	0.04	4.37	Yes
9						OFF
10						OFF
11	0.020	0.02	0.020	0.04	4.38	Yes
12	0.020	0.02	0.020	0.04	4.38	Yes
13	0.020	0.02	0.020	0.03	4.47	Yes
14	0.020	0.02	0.020	0.03	4.63	Yes
15	0.020	0.02	0.020	0.03	4.43	Yes
16						OFF
17						OFF
18	0.020	0.02	0.020	0.02	4.60	Yes
19	0.020	0.02	0.020	0.02	4.67	Yes
20	0.020	0.02	0.020	0.03	4.62	Yes
21	0.020	0.02	0.020	0.03	4.69	Yes
22	0.020	0.02	0.020	0.03	4.63	Yes
23	0.020	0.02	0.020	0.03	4.64	Yes
24	0.020	0.02	0.020	0.03	4.55	Yes
25	0.020	0.02	0.020	0.03	4.66	Yes
26	0.020	0.02	0.020	0.04	4.55	Yes
27	0.020	0.02	0.020	0.03	4.44	Yes
28	0.020	0.02	0.020	0.03	4.59	Yes
29	0.020	0.02	0.020	0.04	4.59	Yes
30	0.020	0.02	0.020	0.03	4.60	Yes
31	0.020	0.02	0.020	0.03	4.45	Yes

**Compliance summary (operator to complete any blank fields)**

95% of daily turbidity readings ≤ 1 NTU? Yes	All turbidity readings ≤ 5 NTU? Yes	All IFE turbidity readings ≤ 0.15 NTU? Yes	Performance std met? Yes (PDR ≤ PDR <sub>Max</sub> , LRV ≥ LRC)	DIT Daily?
<b>Y</b>	<b>Yes</b>	<b>Yes</b>	<b>Yes</b>	<b>Yes</b>
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?	
<b>Yes</b>	<b>Yes</b>	<b>Yes</b>	<b>Yes</b>	

PRINTED NAME:	Larry Estes	DATE:	4/1/2024
SIGNATURE:	Larry Estes	WT CERT #:	T-09229
Notes:		PHONE #:	541-563-7715

♣ Used for optimization purposes only.

# OHA-DWS

## Disinfection Monthly Operating Report

System Name: Seal Rock Water District

PWS ID#: 41 - 00798

Plant ID : WTP - C

**0.5**

↩ Log  
Inactivation  
Required via  
Disinfection

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	0.690	56.63	39.1	12.5	7.20	17.0	YES	665	ON
2									OFF
3									OFF
4	1.420	63.47	90.1	11.4	7.00	18.4	YES	657	On
5	1.370	48.22	66.1	11.0	7.07	19.3	YES	460	On
6	1.250	55.52	69.4	13.0	7.60	20.0	YES	528	On
7	1.330	89.53	119.1	11.9	7.56	21.5	YES	491	On
8	1.390	63.4	88.1	12.9	7.25	18.0	YES	647	On
9									OFF
10									OFF
11	1.240	60.38	74.9	13.1	7.42	18.6	YES	526	On
12	1.230	48.5	59.7	13.3	7.54	19.1	YES	490	On
13	1.280	62.54	80.1	13.5	7.16	16.4	YES	480	On
14	1.270	69.07	87.7	13.6	7.06	15.8	YES	492	On
15	1.190	67.4	80.2	14.8	7.21	15.3	YES	656	On
16									OFF
17									OFF
18	1.480	64.7	95.8	14.3	7.67	19.3	YES	655	On
19	1.260	63.8	80.4	14.9	7.80	19.0	YES	645	On
20	1.000	64.23	64.2	14.0	8.30	23.5	YES	510	On
21	1.260	45.87	57.8	13.8	8.42	25.7	YES	651	On
22									OFF
23	1.420	58.5	83.1	13.6	8.10	23.5	YES	638	On
24	1.350	78.2	105.6	13.9	7.43	17.8	YES	660	On
25	1.650	45.49	75.1	14.8	7.10	15.5	YES	650	On
26	1.300	104	135.2	16.8	7.30	14.0	YES	641	On
27	1.290	66.23	85.4	13.9	7.98	21.7	YES	454	On
28	1.220	64.3	78.4	13.7	7.76	20.2	YES	641	On
29	1.260	80.93	102.0	13.8	7.12	15.9	YES	655	On
30	1.270	84.43	107.2	15.0	7.37	16.1	YES	654	On
31	1.410	93.17	131.4	13.9	6.80	14.3	YES	628	On

♦ 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