

OHA - DWS

Membrane Filter Monthly Operating Report

County: **Lincoln**

System Name: **Seal Rock Water District**

Month/Year: **Apr-2024**

PWS ID#: 41 - **00798**

Minimum test pressure **applied || req'd:** 19.20psi || 18.2__ psi

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 _{Max} [^{psi} / _{min}]	LRC [log removal]	DIT Daily
				0.090	4.00	
1						OFF
2	0.020	0.02	0.020	0.04	4.46	Yes
3	0.020	0.02	0.020	0.03	4.40	Yes
4	0.030	0.03	0.030	0.03	4.58	Yes
5	0.020	0.02	0.020	0.03	4.55	Yes
6	0.020	0.02	0.020	0.03	4.57	Yes
7	0.020	0.02	0.020	0.03	4.56	Yes
8	0.020	0.02	0.020	0.03	4.39	Yes
9						OFF
10	0.020	0.02	0.020	0.03	4.51	Yes
11	0.030	0.03	0.030	0.03	4.51	Yes
12	0.020	0.02	0.020	0.05	4.52	Yes
13						OFF
14						OFF
15	0.020	0.02	0.020	0.03	4.66	Yes
16	0.020	0.02	0.020	0.03	4.53	Yes
17	0.020	0.02	0.020	0.03	4.56	Yes
18	0.020	0.02	0.020	0.03	4.52	Yes
19						OFF
20	0.020	0.02	0.020	0.03	4.55	Yes
21						OFF
22	0.020	0.02	0.020	0.03	4.55	Yes
23	0.020	0.02	0.020	0.03	4.59	Yes
24	0.020	0.02	0.020	0.04	4.51	Yes
25	0.020	0.02	0.020	0.03	4.38	Yes
26	0.020	0.02	0.020	0.03	4.47	Yes
27						OFF
28						OFF
29	0.020	0.02	0.020	0.03	4.40	Yes
30	0.020	0.02	0.020	0.03	4.38	Yes
31						

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 _{Max} , LRV ≥ LRC)	DIT Daily?
Y	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:	Larry Estes	DATE:	5/1/2024
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 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									OFF
2	1.490	91.22	135.9	15.4	6.80	13.0	YES	445	On
3	1.360	57.15	77.7	16.9	7.00	12.5	YES	642	On
4	1.350	58.56	79.1	15.6	7.20	14.7	YES	452	On
5	1.340	78.34	105.0	15.2	7.31	15.7	YES	665	On
6	1.410	96.04	135.4	14.1	6.90	14.6	YES	643	On
7	1.440	77.13	111.1	14.0	6.90	14.8	YES	498	On
8	1.430	53.56	76.6	13.3	6.88	15.3	YES	493	On
9									OFF
10	1.490	64.09	95.5	15.1	6.78	13.2	YES	525	On
11	1.480	71.9	106.4	16.3	7.11	13.7	YES	628	On
12	1.540	101.4	156.2	14.8	6.98	14.6	YES	640	On
13									OFF
14									OFF
15	1.470	53.61	78.8	14.4	6.94	14.7	YES	650	On
16	1.570	63.94	100.4	14.5	6.96	14.8	YES	522	On
17	1.760	74.6	131.3	14.2	7.20	16.9	YES	645	On
18	1.650	71.94	118.7	14.6	7.04	15.3	YES	662	On
19									OFF
20	1.440	42.36	61.0	16.7	7.20	13.8	YES	646	On
21									OFF
22	1.660	54.76	90.9	16.2	7.00	13.6	YES	644	On
23	1.550	39.59	61.4	15.2	7.01	14.4	YES	648	On
24	1.690	66.1	111.7	14.3	7.10	16.0	YES	837	On
25	1.600	63.95	102.3	15.0	7.20	15.7	YES	645	On
26	1.530	59.39	90.9	15.1	7.25	15.8	YES	506	On
27									OFF
28									OFF
29	1.490	63.09	94.0	14.1	7.26	16.8	YES	638	On
30	1.480	92.3	136.6	15.2	7.38	16.3	YES	498	On
31									

♦ 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