

OHA - DWS

Membrane Filter Monthly Operating Report

County: **Lincoln**

System Name: **Seal Rock Water District**

Month/Year: **May-2024**

PWS ID#: 41 - **00798**

Minimum test pressure applied || req'd: 19.1 psi || 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	0.020	0.02	0.020	0.03	4.43	Yes
2	0.020	0.02	0.020	0.04	4.40	Yes
3	0.020	0.02	0.020	0.03	4.54	Yes
4						OFF
5						OFF
6	0.030	0.03	0.030	0.03	4.55	Yes
7	0.020	0.02	0.020	0.03	4.41	Yes
8	0.020	0.02	0.020	0.02	4.50	Yes
9	0.020	0.02	0.020	0.02	4.59	Yes
10	0.020	0.02	0.020	0.04	4.64	Yes
11						OFF
12						OFF
13	0.020	0.02	0.020	0.03	4.57	Yes
14	0.020	0.02	0.020	0.02	4.75	Yes
15	0.020	0.02	0.020	0.03	4.70	Yes
16	0.020	0.02	0.020	0.03	4.62	Yes
17	0.020	0.02	0.020	0.03	4.74	Yes
18	0.020	0.02	0.020	0.03	4.64	Yes
19						OFF
20						OFF
21	0.020	0.02	0.020	0.03	4.62	Yes
22	0.020	0.02	0.020	0.03	4.56	Yes
23	0.020	0.02	0.020	0.03	4.65	Yes
24	0.020	0.02	0.020	0.03	4.66	Yes
25						OFF
26						OFF
27	0.020	0.02	0.020	0.03	4.62	Yes
28	0.020	0.02	0.020	0.03	4.54	Yes
29	0.020	0.02	0.020	0.03	4.56	Yes
30	0.020	0.02	0.020	0.03	4.65	Yes
31	0.020	0.02	0.020	0.03	4.72	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 _{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:	6/5/2024
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
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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	1.360	58.68	79.8	16.2	7.10	13.6	YES	653	On
2	1.520	60.49	91.9	15.8	7.12	14.3	YES	502	On
3	1.490	71.89	107.1	15.6	7.15	14.6	YES	641	On
4									OFF
5									OFF
6	1.520	55.68	84.6	16.2	7.15	14.1	YES	615	On
7	1.530	49.37	75.5	14.8	7.18	15.7	YES	503	On
8	1.510	39.18	59.2	15.1	7.40	16.6	YES	643	On
9	1.540	55.55	85.5	15.3	7.34	16.1	YES	654	On
10	1.420	74.83	106.3	16.5	7.23	14.1	YES	656	On
11									OFF
12									OFF
13	1.380	76.43	105.5	17.8	7.30	13.2	YES	527	On
14	1.320	47.1	62.2	16.8	7.30	14.0	YES	649	On
15	1.360	98.84	134.4	16.9	7.29	13.9	YES	498	On
16	1.240	87.86	108.9	17.5	7.34	13.4	YES	647	On
17	1.200	83.22	99.9	17.2	7.37	13.8	YES	457	On
18	1.270	88.13	111.9	16.7	7.41	14.6	YES	653	On
19									OFF
20									OFF
21	0.950	60.47	57.4	16.1	7.18	13.4	YES	653	ON
22	1.520	129.1	196.2	15.7	7.69	17.8	YES	468	On
23	1.260	93.44	117.7	15.7	7.48	16.1	YES	653	On
24	1.530	111.35	170.4	16.8	7.12	13.4	YES	644	On
25									OFF
26									OFF
27	1.240	57.75	71.6	16.5	7.15	13.4	YES	672	On
28	1.240	62.53	77.5	16.7	7.46	14.8	YES	505	On
29	1.190	89.36	106.3	17.6	7.36	13.4	YES	668	On
30	1.260	73.46	92.6	17.9	7.41	13.5	YES	671	On
31	1.320	90.1	118.9	17.2	7.46	14.5	YES	659	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 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