OHA - DWS

Membrane Filter Monthly Operating Report

County: **Lincoln**

System Name: **Seal Rock Water District**

Month/Year: **May-2025**

PWS ID#: 41 - **00798**

Minimum test pressure **applied || req'd**: 19.2 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)	Highest PDR of day [$^{psi}/_{min}$]	Lowest $LRV_{ambient}$ of day [log removal]	DIT Daily [Y/N] or "off"
				PDR_{Max} [$^{psi}/_{min}$]	**LRC [log removal]**	**DIT Daily**
				0.090	**4.00**	
1	0.030	0.03	0.030	0.06	4.51	Yes
2	0.030	0.03	0.030	0.06	4.26	Yes
3	0.030	0.03	0.030	0.06	4.22	Yes
4						OFF
5	0.030	0.03	0.030	0.06	4.18	Yes
6	0.030	0.03	0.030	0.06	4.22	Yes
7	0.030	0.03	0.030	0.05	4.24	Yes
8	0.030	0.03	0.030	0.05	4.28	Yes
9						OFF
10	0.030	0.03	0.030	0.05	4.35	Yes
11						OFF
12	0.030	0.03	0.030	0.06	4.25	Yes
13	0.030	0.03	0.030	0.06	4.35	Yes
14	0.030	0.03	0.030	0.06	4.28	Yes
15	0.030	0.03	0.030	0.06	4.32	Yes
16	0.030	0.03	0.030	0.06	4.28	Yes
17						OFF
18						OFF
19	0.030	0.03	0.030	0.06	4.25	Yes
20	0.030	0.03	0.030	0.06	4.19	Yes
21	0.030	0.03	0.030	0.06	4.30	Yes
22	0.030	0.03	0.030	0.06	4.23	Yes
23	0.030	0.03	0.030	0.06	4.21	Yes
24						OFF
25	0.030	0.03	0.030	0.06	4.19	Yes
26	0.030	0.03	0.030	0.06	4.24	Yes
27	0.030	0.03	0.030	0.06	4.36	Yes
28	0.030	0.03	0.030	0.06	4.26	Yes
29	0.030	0.03	0.030	0.06	4.27	Yes
30	0.030	0.03	0.030	0.05	4.29	Yes
31	0.030	0.03	0.030	0.05	4.39	OFF

Compliance summary (operator to complete any blank fields)

95% of daily turbidity readings ≤ 1 NTU?	All turbidity readings ≤ 5 NTU?	All IFE turbidity readings ≤ 0.15 NTU?	Performance std met? (PDR ≤ PDR_{Max}, LRV ≥ LRC)	DIT Daily?
Yes	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:** 6/2/2025

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 1st 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	1.430	86.41	123.6	13.2	8.34	26.4	YES	684	ON
3	1.450	40.44	58.6	13.6	8.43	26.7	YES	684	ON
4	1.370	37.73	51.7	15.1	8.41	23.8	YES	646	ON
5	1.420	41.46	58.9	13.5	8.45	26.9	YES	687	ON
6	1.380	37.25	51.4	13.4	8.40	26.5	YES	678	ON
7	1.400	40.34	56.5	13.2	8.34	26.3	YES	683	ON
8	1.310	87.64	114.8	14.2	8.49	25.7	YES	675	ON
9	1.350	95.26	128.6	15.7	8.58	24.3	YES	643	ON
10	1.440	58.08	83.6	15.5	8.62	25.2	YES	536	ON
11	1.490	27.01	40.2	14.0	8.70	28.8	YES	601	ON
12	1.480	43.33	64.1	14.1	8.49	26.5	YES	680	ON
13	1.370	36.09	49.4	15.3	8.53	24.5	YES	681	ON
14	1.460	36.44	53.2	14.0	7.36	17.5	YES	679	ON
15	1.450	89.09	129.2	14.3	7.23	16.3	YES	629	ON
16	1.450	49.83	72.3	13.8	7.25	17.1	YES	668	ON
17	1.530	45.39	69.4	13.7	7.18	16.8	YES	675	ON
18	1.400	35.86	50.2	13.9	7.17	16.3	YES	674	ON
19	1.330	32.09	42.7	14.6	7.20	15.6	YES	673	On
20	1.360	34.5	46.9	13.9	7.09	15.8	YES	678	ON
21	1.350	63.71	86.0	14.3	7.25	16.3	YES	517	ON
22	1.380	59.16	81.6	14.5	7.32	16.6	YES	680	ON
23	1.460	63.34	92.5	14.9	7.38	16.6	YES	679	ON
24	1.010	35.68	36.0	16.0	7.48	15.2	YES	563	ON
25									OFF
26	1.390	26.23	36.5	15.3	7.44	16.4	YES	682	ON
27	1.400	58.26	81.6	15.1	7.51	17.1	YES	563	ON
28	1.520	40.71	61.9	15.1	7.60	17.9	YES	516	ON
29	1.460	37.73	55.1	16.8	7.87	17.6	YES	509	On
30	1.620	77.93	126.2	16.1	7.90	19.0	YES	673	OFF
31	1.520	36.18	55.0	16.3	7.78	17.7	YES	684	OFF

♦ 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

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