OHA - DWS

Membrane Filter Monthly Operating Report

County: **Lincoln**

System Name: **Seal Rock Water District**

Month/Year: **Jul-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

PDR_{Max} [$^{psi}/_{min}$]	LRC [log removal]
0.090	4.00

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"
1	0.030	0.03	0.030	0.06	4.19	YES
2	0.030	0.03	0.030	0.06	4.22	YES
3	0.030	0.03	0.030	0.07	4.32	YES
4						OFF
5	0.030	0.03	0.030	0.06	4.29	YES
6						OFF
7	0.030	0.03	0.030	0.06	4.32	YES
8	0.030	0.03	0.030	0.06	4.56	YES
9	0.040	0.04	0.040	0.06	4.27	YES
10	0.050	0.05	0.050	0.06	4.28	YES
11	0.050	0.05	0.050	0.06	4.18	YES
12						OFF
13						OFF
14	0.040	0.04	0.040	0.06	4.35	YES
15	0.050	0.05	0.050	0.06	4.39	YES
16	0.040	0.04	0.040	0.07	4.24	YES
17	0.030	0.03	0.030	0.06	4.26	YES
18	0.030	0.03	0.030	0.05	4.39	YES
19						OFF
20	0.030	0.03	0.030	0.06	4.37	YES
21						OFF
22	0.020	0.02	0.020	0.06	4.21	YES
23	0.020	0.02	0.020	0.06	4.20	YES
24	0.030	0.03	0.030	0.05	4.26	YES
25	0.030	0.03	0.030	0.06	4.25	YES
26						OFF
27	0.030	0.03	0.030	0.06	4.29	YES
28	0.020	0.02	0.020	0.06	4.29	YES
29	0.020	0.02	0.020	0.06	4.20	YES
30	0.020	0.02	0.020	0.06	4.24	YES
31	0.030	0.03	0.030	0.06	4.30	YES

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:** 8/4/2025

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	1.600	40.45	64.7	19.9	7.10	10.9	YES	669	ON
2	1.620	68.46	110.9	20.1	7.23	11.3	YES	687	ON
3	1.660	77.13	128.0	20.3	7.18	11.0	YES	687	ON
4									OFF
5	1.630	34.26	55.8	21.1	7.33	11.0	YES	692	ON
6									OFF
7	1.610	35.1	56.5	19.3	7.32	12.3	YES	685	ON
8	1.600	47.41	75.9	20.1	7.19	11.1	YES	678	ON
9	1.630	61.29	99.9	20.8	7.08	10.2	YES	667	ON
10	1.590	37.96	60.4	21.3	7.93	13.5	YES	696	ON
11	1.660	77.48	128.6	21.9	7.63	11.7	YES	690	ON
12	1.620	34.84	56.4	21.7	7.57	11.6	YES	688	ON
13									OFF
14	1.680	36.86	61.9	20.3	7.67	13.2	YES	690	ON
15	1.670	26.4	44.1	21.2	7.27	10.7	YES	699	ON
16	0.980	36.92	38.0	21.5	7.36	10.0	YES	697	ON
17	1.620	86.32	139.8	22.1	7.38	10.4	YES	683	ON
18	1.660	72.38	120.2	21.9	6.40	7.4	YES	695	ON
19	1.210	29.99	36.3	22.3	7.24	9.3	YES	688	ON
20	1.270	53.86	68.4	20.9	7.55	11.6	YES	692	ON
21	1.630	35.09	57.2	20.4	7.58	12.7	YES	482	ON
22	1.620	63.09	102.2	20.0	7.44	12.3	YES	698	ON
23	1.650	55.2	91.1	20.9	7.48	11.8	YES	695	ON
24	1.690	63.2	106.8	21.3	8.05	14.3	YES	691	ON
25	1.620	70.59	114.4	21.8	7.83	12.6	YES	698	ON
26	1.610	30.39	48.9	20.7	7.70	12.9	YES	688	ON
27									OFF
28	1.580	33.01	52.2	20.8	7.65	12.6	YES	530	ON
29	1.670	50.26	83.9	20.9	7.68	12.8	YES	686	ON
30	1.610	36.01	58.0	21.4	7.55	11.7	YES	688	ON
31	1.600	26.66	42.7	21.5	7.67	12.1	YES	693	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

Revised 7/31/2023