OHA - DWS

Membrane Filter Monthly Operating Report

System Name: Shady Cove
PWS ID#: 41 - 01520
Plant ID: WTP - Seccua (e.g., "A")

County: Lincoln
Month/Year: Sept 2025
Minimum test pressure **applied**: 22.77 psi
Minimum test pressure **req'd**: 21.76 psi

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]**	**DIT Daily**
					4.00	
Day	CFE Daily Turbidity [NTU]	Highest CFE♣ [NTU]	Highest IFE [NTU] (>15 minutes)	Highest PDR of day [$^{psi}/_{min}$]	Lowest $LRV_{ambient}$ of day [log removal]	[Y/N] or "off"
1	0.050			NA	4.12	Y
2	0.047			NA	4.12	Y
3	0.037			NA	4.12	Y
4	0.060			NA	4.12	Y
5	0.056			NA	4.12	Y
6	0.054			NA	4.12	Y
7	0.067			NA	4.12	Y
8	0.088			NA	4.12	Y
9	0.081			NA	4.12	Y
10	0.086			NA	4.12	Y
11	0.070			NA	4.12	Y
12	0.087			NA	4.12	Y
13	0.085			NA	4.12	Y
14	0.055			NA	4.12	Y
15	0.078			NA	4.12	Y
16	0.056			NA	4.12	Y
17	0.038			NA	4.12	Y
18	0.100			NA	4.12	Y
19	0.059			NA	4.12	Y
20	0.065			NA	4.12	Y
21	0.121			NA	4.12	Y
22	0.042			NA	4.12	Y
23	0.080			NA	4.12	Y
24	0.068			NA	4.12	Y
25	0.043			NA	4.12	Y
26	0.012			NA	4.12	Y
27	0.021			NA	4.12	Y
28	0.016			NA	4.12	Y
29	0.015			NA	4.12	Y
30	0.018			NA	4.12	Y
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Compliance summary (operator to complete any blank fields)

95% of daily turbidity readings ≤ 1 NTU? [Y/N]	All turbidity readings ≤ 5 NTU? [Y/N]	All IFE turbidity readings ≤ 0.15 NTU? [Y/N]	Performance std met? [Y/N] ($PDR \le PDR_{Max}$, $LRV \ge LRC$)	DIT Daily?
Yes	**Yes**		**Yes**	**Yes**

CT's met daily? (p. 2)	All Cl_2 residual at EP ≥ 0.2 $^{mg}/_{L}$?	$PDR \le PDR_{Max}$?	$LRV_{ambient} \ge LRC$?
Yes	**Yes**	**Yes**	**Yes**

PRINTED NAME: Curtis Olson
SIGNATURE: Curtis Olson
Notes:

DATE: 10/10/2025
WT CERT #: 216644
PHONE #: 503-554-8333

Revised 10/1/2024

♣ *Used for optimization purposes only.*

OHA-DWS

Disinfection Monthly Operating Report

System Name: Shady Cove

PWS ID#: 41 - 01520

Plant ID : WTP - Seccua

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	1.457	53	77.2	13.5	7.61	19.8	YES	35	
2	1.573	53	83.4	14.9	7.63	18.5	YES	35	
3	1.525	53	80.8	14.5	7.56	18.4	YES	35	
4	1.429	53	75.7	15.3	7.52	17.0	YES	35	
5	1.230	53	65.2	14.9	7.53	17.1	YES	35	
6	1.374	53	72.8	14.2	7.67	19.3	YES	35	
7	1.203	53	63.8	14.3	7.66	18.7	YES	35	
8	1.278	53	67.7	14.4	7.65	18.6	YES	35	
9	1.244	53	65.9	12.9	7.56	19.9	YES	35	
10	1.162	53	61.6	13.8	7.49	18.0	YES	35	
11	1.160	53	61.5	13.0	7.57	19.6	YES	35	
12	1.168	53	61.9	14.2	7.46	17.3	YES	35	
13	1.036	53	54.9	14.0	7.59	18.1	YES	35	
14	1.086	53	57.6	14.4	7.61	18.0	YES	35	
15	1.067	53	56.6	13.5	7.56	18.7	YES	35	
16	1.191	53	63.1	12.2	7.57	20.9	YES	35	
17	1.519	53	80.5	10.9	7.58	23.6	YES	35	
18	1.513	53	80.2	11.3	7.63	23.4	YES	35	
19	1.093	53	57.9	12.9	7.67	20.3	YES	35	
20	0.964	53	51.1	12.0	7.61	20.9	YES	35	
21	1.386	53	73.5	13.0	7.59	20.2	YES	35	
22	1.224	53	64.9	12.1	7.60	21.2	YES	35	
23	1.341	53	71.1	9.7	7.63	25.5	YES	35	
24	1.417	53	75.1	8.9	7.49	25.8	YES	35	
25	1.368	53	72.5	12.3	7.67	21.9	YES	35	
26	1.280	53	67.8	8.9	7.61	26.6	YES	35	
27	1.354	53	71.8	10.4	7.51	23.4	YES	35	
28	1.299	53	68.8	9.3	7.53	25.2	YES	35	
29	1.395	53	73.9	10.9	7.56	23.1	YES	35	
30	1.346	53	71.3	9.6	7.53	24.8	YES	35	
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♦ 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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