

OHA - DWS

Membrane Filter Monthly Operating Report

County: **Jackson**

System Name: **Shady Cove - Seccua**

Month/Year: **Oct-2025**

PWS ID#: 41 - **01520**

Minimum test pressure **applied**: **22.76** psi

Plant ID: WTP - **(e.g., "A")**

Minimum test pressure **req'd**: **22** 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

Day	CFE Daily Turbidity [NTU]	Highest CFE* [NTU]	Highest IFE [NTU] (>15 minutes)	PDR _{Max} [psi/min]	LRC [log removal]	DIT Daily
					4.00	
1	0.009		0.009	<0.145		Y
2	0.011		0.011	<0.145		Y
3	0.015		0.015	<0.145		Y
4	0.011		0.011	<0.145		Y
5	0.011		0.011	<0.145		Y
6	0.017		0.017	<0.145		Y
7	0.031		0.031	<0.145		Y
8	0.016		0.016	<0.145		Y
9	0.042		0.042	<0.145		Y
10	0.021		0.021	<0.145		Y
11	0.016		0.016	<0.145		Y
12	0.013		0.013	<0.145		Y
13	0.014		0.014	<0.145		Y
14	0.014		0.014	<0.145		Y
15	0.014		0.014	<0.145		Y
16	0.016		0.016	<0.145		Y
17	0.015		0.015	<0.145		Y
18	0.016		0.016	<0.145		Y
19	0.014		0.014	<0.145		Y
20	0.014		0.014	<0.145		Y
21	0.012		0.012	<0.145		Y
22	0.016		0.016	<0.145		Y
23	0.007		0.007	<0.145		Y
24	0.006		0.006	<0.145		Y
25	0.007		0.007	<0.145		Y
26	0.007		0.007	<0.145		Y
27	0.009		0.009	<0.145		Y
28	0.007		0.007	<0.145		Y
29	0.008		0.008	<0.145		Y
30	0.008		0.008	<0.145		Y
31	0.007		0.007	<0.145		Y

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 ≤ 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		

PRINTED NAME: Curtis Olson

SIGNATURE: *Curtis Olson*

Notes:

DATE: 11/10/2025

WT CERT #: 216644

PHONE #: 503-554-8333

Disinfection Monthly Operating ReportSystem Name: **Shady Cove - Seccua**PWS ID#: 41 - **01520**

Plant ID : WTP -

0.5Log
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	1.333	53	70.6	10.3	7.46	23.0	YES	35	
2	1.406	53	74.5	8.6	7.47	26.2	YES	35	
3	1.437	53	76.2	9.0	7.43	25.2	YES	35	
4	1.256	53	66.6	8.4	7.53	26.7	YES	35	
5	1.402	53	74.3	9.1	7.56	26.1	YES	35	
6	1.497	53	79.3	8.6	7.59	27.5	YES	35	
7	1.457	53	77.2	10.9	7.46	22.4	YES	35	
8	1.567	53	83.1	8.3	7.43	26.7	YES	35	
9	1.293	53	68.5	8.4	7.51	26.5	YES	35	
10	1.421	53	75.3	8.5	7.41	25.8	YES	35	
11	1.333	53	70.6	8.6	7.43	25.5	YES	35	
12	1.265	53	67.0	8.7	7.53	26.1	YES	35	
13	0.904	53	47.9	8.9	7.49	24.3	YES	35	
14	0.965	53	51.1	8.4	7.49	25.5	YES	35	
15	1.122	53	59.5	7.7	7.50	27.1	YES	35	
16	1.203	53	63.8	6.7	7.52	29.7	YES	35	
17	1.272	53	67.4	7.7	7.43	27.0	YES	35	
18	1.513	53	80.2	8.5	7.40	26.1	YES	35	
19	1.353	53	71.7	7.4	7.47	28.1	YES	35	
20	1.245	53	66.0	6.8	7.49	29.3	YES	35	
21	1.333	53	70.6	8.1	7.53	27.4	YES	35	
22	1.278	53	67.7	6.5	7.61	31.3	YES	35	
23	1.032	53	54.7	6.7	7.47	28.6	YES	35	
24	1.062	53	56.3	6.8	7.43	28.0	YES	35	
25	1.059	53	56.1	7.1	7.53	28.5	YES	35	
26	1.087	53	57.6	7.1	7.47	27.9	YES	35	
27	1.160	53	61.5	7.5	7.56	28.2	YES	35	
28	0.945	53	50.1	7.3	7.56	28.0	YES	35	
29	1.103	53	58.5	7.3	7.51	28.0	YES	35	
30	1.181	53	62.6	7.0	7.43	28.0	YES	35	
31	1.176	53	62.3	6.6	7.40	28.4	YES	35	

* 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