

OHA - DWS

Membrane Filter Monthly Operating Report

County: **Jackson**

System Name: **Shady Cove**

Month/Year: **Feb-2026**

PWS ID#: 41 - **01520**

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

Plant ID: WTP - **Seccua**

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

(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 minutes)	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]	
					4.00	
1	0.001		0.001	<0.145		Y
2	0.001		0.001	<0.145		Y
3	0.001		0.001	<0.145		Y
4	0.001		0.001	<0.145		Y
5	0.001		0.001	<0.145		Y
6	0.001		0.001	<0.145		Y
7	0.001		0.001	<0.145		Y
8	0.001		0.001	<0.145		Y
9	0.001		0.001	<0.145		Y
10	0.001		0.001	<0.145		Y
11	0.001		0.001	<0.145		Y
12	0.001		0.001	<0.145		Y
13	0.001		0.001	<0.145		Y
14	0.001		0.001	<0.145		Y
15	0.001		0.001	<0.145		Y
16	0.001		0.001	<0.145		Y
17	0.001		0.001	<0.145		Y
18	0.001		0.001	<0.145		Y
19	0.001		0.001	<0.145		Y
20	0.009		0.009	<0.145		Y
21	0.009		0.009	<0.145		Y
22	0.009		0.009	<0.145		Y
23	0.009		0.009	<0.145		Y
24	0.009		0.009	<0.145		Y
25	0.009		0.009	<0.145		Y
26	0.009		0.009	<0.145		Y
27	0.009		0.009	<0.145		Y
28	0.009		0.009	<0.145		Y
29						
30						
31						

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 **DATE:** 03/07/2026
SIGNATURE: *Curtis Olson* **WT CERT #:** 216644
Notes: **PHONE #:** 503-554-8333

♣ 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 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	1.532	75	114.9	10.5	6.80	18.5	YES	60	
2	1.534	75	115.1	10.3	6.80	18.7	YES	60	
3	1.229	75	92.2	10.2	6.80	18.2	YES	60	
4	1.537	75	115.3	9.9	6.80	19.2	YES	60	
5	1.526	75	114.5	10.0	6.80	19.1	YES	60	
6	1.443	75	108.2	10.2	6.80	18.6	YES	60	
7	1.398	75	104.9	9.7	6.80	19.2	YES	60	
8	0.979	75	73.4	10.2	6.80	17.7	YES	60	
9	0.697	75	52.3	10.2	6.80	17.2	YES	60	
10	0.418	75	31.4	9.8	6.80	17.1	YES	60	
11	0.331	75	24.8	10.1	6.80	16.6	YES	60	
12	0.353	75	26.5	10.0	6.80	16.8	YES	60	
13	0.561	75	42.1	10.1	6.80	17.1	YES	60	
14	0.538	75	40.4	11.4	6.80	15.7	YES	60	
15	0.556	75	41.7	10.6	6.80	16.5	YES	60	
16	0.749	75	56.2	11.0	6.80	16.5	YES	60	
17	0.952	75	71.4	10.4	6.80	17.4	YES	60	
18	1.171	75	87.8	10.8	6.80	17.4	YES	60	
19	1.165	75	87.4	9.6	6.80	18.8	YES	60	
20	1.338	75	100.4	9.6	6.80	19.2	YES	60	
21	1.391	75	104.3	9.6	6.80	19.3	YES	60	
22	1.364	75	102.3	10.0	6.80	18.8	YES	60	
23	1.315	75	98.6	10.4	6.80	18.1	YES	60	
24	1.331	75	99.8	10.4	6.80	18.2	YES	60	
25	1.229	75	92.2	10.4	6.80	18.0	YES	60	
26	1.137	75	85.3	10.2	6.80	18.1	YES	60	
27	0.816	75	61.2	10.4	6.80	17.2	YES	60	
28	0.795	75	59.6	10.5	6.80	17.0	YES	60	
29									
30									
31									

♦ 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