

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	1.049	75	78.7	11.5	7.27	19.3	YES	60	
2	1.368	75	102.6	12.2	7.27	19.1	YES	60	
3	1.243	75	93.2	10.8	7.27	20.6	YES	60	
4	1.371	75	102.8	11.2	7.27	20.4	YES	60	
5	1.554	75	116.6	10.7	7.27	21.6	YES	60	
6	1.706	75	128.0	10.9	7.27	21.6	YES	60	
7	1.764	75	132.3	10.7	7.27	22.1	YES	60	
8	1.764	75	132.3	11.5	7.27	20.9	YES	60	
9	1.851	75	138.8	11.1	7.27	21.7	YES	60	
10	1.887	75	141.5	10.8	7.27	22.2	YES	60	
11	1.905	75	142.9	10.6	7.27	22.6	YES	60	
12	1.919	75	143.9	10.8	7.27	22.3	YES	60	
13	1.948	75	146.1	11.2	7.27	21.8	YES	60	
14	1.997	75	149.8	11.4	7.27	21.6	YES	60	
15	1.832	75	137.4	11.2	7.27	21.5	YES	60	
16	1.851	75	138.8	11.2	7.27	21.5	YES	60	
17	1.866	75	140.0	11.8	7.27	20.8	YES	60	
18	1.783	75	133.7	11.1	7.27	21.5	YES	60	
19	1.880	75	141.0	11.2	7.27	21.6	YES	60	
20	1.859	75	139.4	10.5	7.27	22.6	YES	60	
21	1.726	75	129.5	11.6	7.27	20.8	YES	60	
22	1.626	75	122.0	10.6	7.27	21.8	YES	60	
23	1.322	75	99.2	11.3	7.27	20.2	YES	60	
24	1.520	75	114.0	11.4	7.27	20.5	YES	60	
25	1.582	75	118.7	12.2	7.27	19.5	YES	60	
26	1.589	75	119.2	10.9	7.27	21.3	YES	60	
27	1.446	75	108.5	9.9	7.27	22.5	YES	60	
28	1.547	75	116.0	11.7	7.27	20.2	YES	60	
29	1.493	75	112.0	12.2	7.27	19.4	YES	60	
30	0.861	75	64.6	12.4	7.27	17.8	YES	60	
31	0.788	75	59.1	10.8	7.27	19.6	YES	60	

♦ 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