OHA - DWS

Membrane Filter Monthly Operating Report

County: **Lane**

System Name: **City of Creswell**

Month/Year: **May-2025**

PWS ID#: 41 - **00246**

Minimum test pressure **applied || req'd**: 22.0 psi // 17.5 psi

Plant ID: WTP - **B** *(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]
0.030	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	0.023	0.03	0.045	0.02		Y
2	0.020	0.021	0.050	0.02		Y
3	0.021	0.022	0.057	0.02		Y
4	0.021	0.022	0.028	0.02		Y
5	0.022	0.027	0.020	0.02		Y
6	0.022	0.023	0.034	0.02		Y
7	0.021	0.021	0.032	0.02		Y
8	0.022	0.022	0.050	0.02		Y
9	0.021	0.024	0.037	0.02		Y
10	0.022	0.023	0.050	0.02		Y
11	0.021	0.022	0.024	0.02		Y
12	0.020	0.022	0.033	0.02		Y
13	0.020	0.02	0.041	0.02		Y
14	0.021	0.026	0.026	0.02		Y
15	0.023	0.024	0.059	0.02		Y
16	0.023	0.068	0.071	0.02		Y
17	0.021	0.054	0.057	0.02		Y
18	0.021	0.041	0.023	0.02		Y
19	0.021	0.05	0.044	0.02		Y
20	0.021	0.024	0.017	0.02		Y
21	0.021	0.026	0.019	0.02		Y
22	0.022	0.022	0.017	0.01		Y
23	0.022	0.033	0.019	0.02		Y
24	0.022	0.035	0.048	0.01		Y
25	0.023	0.042	0.024	0.01		Y
26	0.020	0.029	0.027	0.01		Y
27	0.021	0.039	0.025	0.02		Y
28	0.020	0.04	0.022	0.02		Y
29	0.022	0.035	0.045	0.02		Y
30	0.021	0.044	0.060	0.02		Y
31	0.019	0.034	0.036	0.02		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: **Mike Howard** **DATE:** 6/1/2025

SIGNATURE: *Mike Howard* **WT CERT #:** **T-5028**

Notes: Computer not set u **PHONE #:** **541-895-4044**

♣ *Used for optimization purposes only.*

OHA-DWS

Disinfection Monthly Operating Report

May-2025

System Name: **City of Creswell**

PWS ID#: 41 - **0.0246**

Plant ID : WTP - **B**

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	0.700	47	32.9	15.0	8.10	19.8	YES	1,524	
2	0.680	47	32.0	15.0	7.80	17.7	YES	1,222	
3	0.660	47	31.0	14.0	7.80	18.8	YES	1,587	
4	0.710	47	33.4	14.0	8.00	20.4	YES	1,515	
5	0.680	47	32.0	15.0	8.00	19.0	YES	1,500	
6	0.660	47	31.0	13.0	8.00	21.7	YES	1,534	
7	0.660	47	31.0	14.0	8.00	20.3	YES	1,518	
8	0.710	47	33.4	16.0	8.00	17.9	YES	1,601	Highest
9	0.720	47	33.8	16.0	7.70	16.0	YES	1,564	
10	0.730	47	34.3	16.0	7.80	16.6	YES	1,384	
11	0.750	47	35.3	16.0	7.90	17.3	YES	1,556	
12	0.690	47	32.4	15.0	7.80	17.7	YES	1,562	
13	0.730	47	34.3	15.0	7.90	18.4	YES	1,526	
14	0.660	47	31.0	14.0	8.00	20.3	YES	1,541	
15	0.680	47	32.0	15.0	7.90	18.3	YES	1,371	
16	0.640	47	30.1	15.0	7.90	18.2	YES	1,567	
17	0.630	47	29.6	15.0	7.80	17.6	YES	1,601	Highest
18	0.730	47	34.3	15.0	7.70	17.1	YES	1,559	
19	0.750	47	35.3	15.0	7.80	17.8	YES	721	
20	0.750	47	35.3	14.0	8.00	20.5	YES	1,560	
21	0.770	47	36.2	14.0	8.10	21.3	YES	1,522	
22	0.690	47	32.4	15.0	8.10	19.8	YES	1,283	
23	0.720	47	33.8	15.0	7.80	17.7	YES	1,183	
24	0.740	47	34.8	15.0	8.00	19.1	YES	1,252	
25	0.710	47	33.4	15.0	8.10	19.8	YES	1,112	
26	0.780	47	36.7	15.0	8.00	19.2	YES	731	
27	0.710	47	33.4	15.0	8.00	19.1	YES	832	
28	0.720	47	33.8	16.0	8.30	20.0	YES	1,173	
29	0.670	47	31.5	17.0	8.20	17.9	YES	1,330	
30	0.740	47	34.8	17.0	7.80	15.6	YES	1,420	
31	0.710	47	33.4	18.0	7.90	15.1	YES	1,385	

♦ 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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