

OHA - DWS

Membrane Filter Monthly Operating Report

System Name: **City of Creswell**

County: **Lane**

Month/Year: **Jul-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}]

0.030

LRC [log removal]

4.00

**DIT
Daily**

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]	[Y/N] or "off"
1	0.021	0.025	0.047	0.02		Y
2	0.022	0.027	0.027	0.02		Y
3	0.022	0.03	0.030	0.02		Y
4	0.022	0.025	0.025	0.02		Y
5	0.022	0.033	0.032	0.03		Y
6	0.022	0.028	0.028	0.02		Y
7	0.023	0.027	0.032	0.02		Y
8	0.023	0.027	0.027	0.03		Y
9	0.023	0.026	0.031	0.02		Y
10	0.024	0.044	0.047	0.03		Y
11	0.023	0.032	0.056	0.02		Y
12	0.020	0.022	0.041	0.03		Y
13	0.020	0.023	0.044	0.03		Y
14	0.019	0.04	0.035	0.02		Y
15	0.019	0.035	0.035	0.03		Y
16	0.019	0.026	0.033	0.03		Y
17	0.022	0.04	0.096	0.02		Y
18	0.019	0.033	0.083	0.02		Y
19	0.019	0.024	0.038	0.02		Y
20	0.020	0.026	0.030	0.02		Y
21	0.019	0.023	0.028	0.02		Y
22	0.019	0.02	0.028	0.03		Y
23	0.019	0.028	0.034	0.02		Y
24	0.019	0.068	0.140	0.02		Y
25	0.019	0.041	0.056	0.02		Y
26	0.020	0.027	0.046	0.03		Y
27	0.019	0.031	0.039	0.03		Y
28	0.019	0.028	0.035	0.03		Y
29	0.019	0.022	0.027	0.02		Y
30	0.019	0.024	0.026	0.02		Y
31	0.019	0.034	0.058	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:	Sam Haynes	DATE:	7/1/2025
SIGNATURE:	<i>Sam Haynes</i>	WT CERT #:	T-6414
Notes: Computer not set		PHONE #:	541-895-4044

Disinfection Monthly Operating Report**Jul-2025**System Name: **City of Creswell**PWS ID#: 41 - **00246**Plant ID : WTP - **B****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	0.680	47	32.0	22.0	8.20	12.8	YES	1,396	
2	0.650	47	30.6	22.0	8.10	12.3	YES	1,396	
3	0.710	47	33.4	23.0	8.10	11.6	YES	1,389	
4	0.760	47	35.7	23.0	8.10	11.7	YES	1,600	
5	0.750	47	35.3	21.0	8.00	12.8	YES	1,602	
6	0.770	47	36.2	21.0	7.80	11.9	YES	1,377	
7	0.770	47	36.2	21.0	7.80	11.9	YES	1,543	
8	0.740	47	34.8	21.0	8.00	12.8	YES	1,338	
9	0.710	47	33.4	21.0	8.10	13.3	YES	1,402	
10	0.810	47	38.1	22.0	7.90	11.7	YES	1,584	
11	0.750	47	35.3	23.0	8.00	11.2	YES	1,523	
12	0.730	47	34.3	23.0	8.00	11.2	YES	1,544	
13	0.660	47	31.0	23.0	8.00	11.1	YES	1,629	
14	0.660	47	31.0	23.0	8.10	11.5	YES	1,543	
15	0.610	47	28.7	23.0	8.10	11.5	YES	1,410	
16	0.580	47	27.3	23.0	8.00	11.0	YES	1,555	
17	0.600	47	28.2	23.0	8.00	11.0	YES	1,609	
18	0.620	47	29.1	23.0	8.00	11.1	YES	1,597	
19	0.620	47	29.1	23.0	8.00	11.1	YES	1,613	
20	0.610	47	28.7	23.0	8.00	11.0	YES	1,641	
21	0.630	47	29.6	22.0	8.10	12.3	YES	1,617	
22	0.620	47	29.1	21.0	8.20	13.6	YES	1,587	
23	0.550	47	25.9	21.0	7.70	11.2	YES	1,592	
24	0.620	47	29.1	23.0	7.90	10.7	YES	1,934	
25	0.550	47	25.9	22.0	7.80	10.9	YES	1,649	
26	0.620	47	29.1	22.0	8.00	11.8	YES	1,598	
27	0.660	47	31.0	22.0	8.00	11.9	YES	1,428	
28	0.710	47	33.4	22.0	8.00	12.0	YES	1,641	
29	0.680	47	32.0	21.0	8.00	12.7	YES	1,617	
30	0.670	47	31.5	21.0	8.10	13.2	YES	1,596	
31	0.770	47	36.2	22.0	7.90	11.6	YES	1,657	

♦ 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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