OHA - DWS

Membrane Filter Monthly Operating Report

System Name: **City of Creswell**
PWS ID#: 41 - **00246**
Plant ID: WTP - **B** *(e.g., "A")*

County: **LANE**
Month/Year: **AUG. 2025**
Minimum test pressure **applied || req'd**: _____ psi || _____ 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

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	0.019	0.032	0.049	0.02		Y
2	0.019	0.03	0.041	0.03		Y
3	0.019	0.025	0.050	0.02		Y
4	0.018	0.021	0.029	0.03		Y
5	0.020	0.029	0.030	0.03		Y
6	0.019	0.029	0.031	0.02		Y
7	0.019	0.032	0.043	0.02		Y
8	0.020	0.03	0.101	0.03		Y
9	0.019	0.023	0.062	0.02		Y
10	0.018	0.022	0.026	0.02		Y
11	0.018	0.023	0.028	0.02		Y
12	0.018	0.024	0.023	0.02		Y
13	0.018	0.02	0.021	0.02		Y
14	0.019	0.021	0.024	0.02		Y
15	0.019	0.068	0.106	0.02		Y
16	0.018	0.024	0.037	0.02		Y
17	0.017	0.021	0.049	0.02		Y
18	0.017	0.019	0.023	0.02		Y
19	0.017	0.018	0.024	0.02		Y
20	0.017	0.018	0.026	0.02		Y
21	0.017	0.018	0.028	0.02		Y
22	0.017	0.023	0.025	0.02		Y
23	0.017	0.032	0.047	0.02		Y
24	0.017	0.021	0.030	0.03		Y
25	0.018	0.019	0.025	0.03		Y
26	0.017	0.019	0.024	0.03		Y
27	0.017	0.019	0.020	0.02		Y
28	0.017	0.02	0.020	0.03		Y
29	0.017	0.019	0.020	0.02		Y
30	0.017	0.025	0.036	0.03		Y
31	0.017	0.019	0.030	0.03		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] ($PDR \le PDR_{Max}$, $LRV \ge LRC$)	DIT Daily?
Yes	**Yes**	**Yes**	**Yes**	**Yes**

CT's met daily? (p. 2)	All Cl_2 residual at EP ≥ 0.2 $^{mg}/_{L}$?	$PDR \le PDR_{Max}$?	$LRV_{ambient} \ge LRC$?
Yes	**Yes**	**Yes**	

PRINTED NAME: **DATE:**
SIGNATURE: **WT CERT #:**
Notes: **PHONE #:**

Revised 7/31/2023

♣ *Used for optimization purposes only.*

OHA-DWS

Disinfection Monthly Operating Report

Aug-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	0.800	47	37.6	22.0	7.80	11.2	YES	1,783	
2	0.730	47	34.3	23.0	7.80	10.4	YES	1,598	
3	0.700	47	32.9	23.0	7.90	10.8	YES	1598	
4	0.680	47	32.0	22.0	8.00	11.9	YES	2,614	
5	0.610	47	28.7	20.0	8.10	14.0	YES	1,889	
6	0.620	47	29.1	21.0	8.10	13.1	YES	1,628	
7	0.730	47	34.3	22.0	7.90	11.5	YES	1,751	
8	0.700	47	32.9	20.0	8.00	13.7	YES	1,599	
9	0.750	47	35.3	21.0	7.90	12.4	YES	1,596	
10	0.640	47	30.1	21.0	7.90	12.2	YES	1,645	
11	0.640	47	30.1	22.0	8.10	12.3	YES	1,903	
12	0.570	47	26.8	22.0	8.00	11.8	YES	1,517	
13	0.580	47	27.3	23.0	7.80	10.2	YES	1,635	
14	0.630	47	29.6	24.0	8.10	10.7	YES	1,791	
15	0.640	47	30.1	22.0	7.80	11.0	YES	2,163	
16	0.640	47	30.1	22.0	8.00	11.9	YES	1,592	
17	0.620	47	29.1	23.0	8.00	11.1	YES	2,295	
18	0.710	47	33.4	22.0	8.10	12.4	YES	1,548	
19	0.690	47	32.4	21.0	7.90	12.3	YES	1,568	
20	0.660	47	31.0	21.0	8.00	12.7	YES	1,584	
21	0.740	47	34.8	21.0	8.10	13.3	YES	1,802	
22	0.660	47	31.0	22.0	8.00	11.9	YES	1,584	
23	0.600	47	28.2	24.0	8.10	10.7	YES	1,746	
24	0.460	47	21.6	23.0	7.90	10.5	YES	1,655	
25	0.500	47	23.5	23.0	8.10	11.3	YES	1,601	
26	0.510	47	24.0	22.0	7.90	11.3	YES	1,630	
27	0.490	47	23.0	22.0	7.90	11.2	YES	1,514	
28	0.480	47	22.6	21.0	8.10	12.9	YES	1,530	
29	0.540	47	25.4	22.0	8.10	12.2	YES	1,626	
30	0.590	47	27.7	22.0	8.10	12.2	YES	1,437	
31	0.600	47	28.2	21.0	8.00	12.6	YES	1,640	

♦ 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

Revised 7/31/2023