Membrane Filter Monthly Operating Report

System Name: **Bear Creek**
PWS ID#: 41 - **41-00482**
Plant ID : WTP -

0.5 ⇦ Log Inactivation 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	0.97	53	51.1	11.02	7.09	18.5	YES	35	
2	0.77	53	40.5	10.62	7.00	18.0	YES	35	
3	0.78	53	41.1	10.35	7.00	18.4	YES	35	
4	1.18	53	62.5	10.64	7.07	19.3	YES	35	
5	1.26	53	66.7	11.19	7.09	18.9	YES	35	
6	1.26	53	66.7	10.92	7.08	19.2	YES	35	
7	1.87	53	99.3	10.98	7.07	20.4	YES	35	
8	1.12	53	59.4	10.62	7.05	19.1	YES	35	
9	1.47	53	77.8	10.64	7.08	20.1	YES	35	
10	1.50	53	79.7	11.12	7.10	19.6	YES	35	
11	1.44	53	76.4	11.50	7.10	19.0	YES	35	
12	1.32	53	70.0	10.33	7.03	19.8	YES	35	
13	1.39	53	73.7	10.21	7.01	19.9	YES	35	
14	1.47	53	78.1	10.98	7.07	19.6	YES	35	
15	1.50	53	79.6	10.58	7.00	19.6	YES	35	
16	1.46	53	77.5	10.33	7.04	20.2	YES	35	
17	1.42	53	75.3	10.31	6.99	19.7	YES	35	
18	1.40	53	74.0	10.92	7.10	19.7	YES	35	
19	1.45	53	76.7	10.83	7.10	19.9	YES	35	
20	1.24	53	65.9	10.29	7.09	20.1	YES	35	
21	1.19	53	63.1	9.88	7.00	19.9	YES	35	
22	0.75	53	39.9	9.81	7.07	19.5	YES	35	
23	1.36	53	72.2	10.83	7.10	19.7	YES	35	
24	1.34	53	70.8	10.81	7.10	19.7	YES	35	
25	1.08	53	57.4	9.85	7.01	19.7	YES	35	
26	1.10	53	58.3	9.81	7.09	20.4	YES	35	
27	1.31	53	69.4	9.65	7.04	20.7	YES	35	
28	1.43	53	75.6	9.61	7.07	21.3	YES	35	
29	1.42	53	75.2	9.79	7.09	21.1	YES	35	
30	1.43	53	75.7	10.00	7.09	20.9	YES	35	
31	1.20	53	63.6	9.96	7.02	20.0	YES	35	

♦ 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