OHA - DWS

Membrane Filter Monthly Operating Report

System Name: Bear Creek
PWS ID#: 41 - 00482
Plant ID: WTP - (e.g., "A")

County: Lincoln
Month/Year: Sept 2025
Minimum test pressure **applied**: 22.77 psi
Minimum test pressure **req'd**: 21.76 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]**	**DIT Daily**
					4.00	
Day	CFE Daily Turbidity [NTU]	Highest CFE♣ [NTU]	Highest IFE [NTU] (>15 minutes)	Highest PDR of day [$^{psi}/_{min}$]	Lowest $LRV_{ambient}$ of day [log removal]	[Y/N] or "off"
1	0.004			NA	4.12	Y
2	0.025			NA	4.12	Y
3	0.025			NA	4.12	Y
4	0.021			NA	4.12	Y
5	0.104			NA	4.12	Y
6	0.004			NA	4.12	Y
7	0.004			NA	4.12	Y
8	0.004			NA	4.12	Y
9	0.137			NA	4.12	Y
10	0.004			NA	4.12	Y
11	0.004			NA	4.12	Y
12	0.004			NA	4.12	Y
13	0.006			NA	4.12	Y
14	0.104			NA	4.12	Y
15	0.010			NA	4.12	Y
16	0.004			NA	4.12	Y
17	0.004			NA	4.12	Y
18	0.004			NA	4.12	Y
19	0.121			NA	4.12	Y
20	0.104			NA	4.12	Y
21	0.004			NA	4.12	Y
22	0.004			NA	4.12	Y
23	0.004			NA	4.12	Y
24	0.004			NA	4.12	Y
25	0.004			NA	4.12	Y
26	0.004			NA	4.12	Y
27	0.004			NA	4.12	Y
28	0.004			NA	4.12	Y
29	0.004			NA	4.12	Y
30	0.004			NA	4.12	Y
31						

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**

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**	**Yes**

PRINTED NAME: Curtis Olson
SIGNATURE: Curtis Olson
Notes:

DATE: 10/10/2025
WT CERT #: 216644
PHONE #: 503-554-8333

Revised 10/1/2024

♣ *Used for optimization purposes only.*

OHA-DWS

Disinfection Monthly Operating Report

System Name: Bear Creek

PWS ID#: 41 - 00482

Plant ID : WTP -

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	1.081	53	57.3	10.0	6.94	19.1	YES	35	
2	1.416	53	75.0	10.3	7.01	19.9	YES	35	
3	1.482	53	78.5	10.6	7.01	19.6	YES	35	
4	1.426	53	75.6	9.9	6.95	20.0	YES	35	
5	0.923	53	48.9	10.1	6.94	18.6	YES	35	
6	1.595	53	84.5	10.8	7.03	19.8	YES	35	
7	1.584	53	84.0	10.7	7.03	19.8	YES	35	
8	1.397	53	74.0	9.8	6.96	20.2	YES	35	
9	1.299	53	68.8	10.0	6.93	19.4	YES	35	
10	1.418	53	75.2	10.2	7.03	20.1	YES	35	
11	1.351	53	71.6	10.1	7.03	20.1	YES	35	
12	1.324	53	70.2	10.3	7.02	19.8	YES	35	
13	1.333	53	70.6	9.9	7.00	20.1	YES	35	
14	1.133	53	60.0	10.2	7.01	19.4	YES	35	
15	1.150	53	61.0	9.9	6.98	19.7	YES	35	
16	1.064	53	56.4	10.2	7.03	19.3	YES	35	
17	1.069	53	56.7	10.2	7.02	19.3	YES	35	
18	1.069	53	56.7	10.3	7.03	19.4	YES	35	
19	1.054	53	55.9	10.0	7.00	19.4	YES	35	
20	1.241	53	65.8	9.9	7.03	20.1	YES	35	
21	1.185	53	62.8	13.1	7.01	15.8	YES	35	
22	1.137	53	60.3	11.2	7.02	18.2	YES	35	
23	1.073	53	56.9	11.4	7.04	18.0	YES	35	
24	1.154	53	61.2	11.2	7.00	18.1	YES	35	
25	1.212	53	64.2	10.9	7.00	18.7	YES	35	
26	1.208	53	64.0	10.8	7.01	18.8	YES	35	
27	1.179	53	62.5	10.7	7.02	18.9	YES	35	
28	1.204	53	63.8	10.7	7.01	18.9	YES	35	
29	1.021	53	54.1	10.6	7.01	18.6	YES	35	
30	1.012	53	53.6	11.0	7.00	18.1	YES	35	
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♦ 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