

OHA - DWS

Membrane Filter Monthly Operating Report

County: **Douglas**

System Name: **Green Area Water & Sanitary Authority**

Month/Year: **Dec 2025**

PWS ID#: 41 - **00717**

Minimum test pressure applied || req'd:

12.5 psi || 11.4 psi

Plant ID: WTP - **A** (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

Day	CFE Daily Turbidity [NTU]	Highest CFE* [NTU]	Highest IFE [NTU] (>15 min duration)	PDR _{Max} [psi/min]	LRC [log removal]	DIT Daily [Y/N] or "off"
				1.500	4.00	
1	0.026	0.0314	0.044	1.40	4.07	Y
2	0.023	0.0233	0.054	1.41	4.07	Y
3	0.023	0.0228	0.043	1.39	4.06	Y
4	0.023	0.0236	0.043	1.41	4.06	Y
5	0.023	0.0251	0.045	1.25	4.06	Y
6	0.023	0.0234	0.045	1.29	4.07	Y
7	0.023	0.0231	0.045	1.35	4.07	Y
8	0.023	0.0236	0.046	1.28	4.07	Y
9	0.023	0.0229	0.045	1.28	4.08	Y
10	0.023	0.0251	0.051	1.21	4.07	Y
11	0.023	0.0251	0.075	1.36	4.10	Y
12	0.023	0.0232	0.043	1.25	4.06	Y
13	0.023	0.0228	0.060	1.31	4.05	Y
14	0.023	0.0234	0.053	1.32	4.12	Y
15	0.023	0.0245	0.051	1.30	4.03	Y
16	0.023	0.024	0.049	1.00	4.09	Y
17	0.022	0.0286	0.085	1.22	4.06	Y
18	0.023	0.0234	0.044	1.26	4.06	Y
19	0.024	0.025	0.059	1.00	4.03	Y
20	0.025	0.0254	0.073	1.25	4.05	Y
21	0.024	0.0252	0.046	1.24	4.15	Y
22	0.026	0.0265	0.050	1.23	4.05	Y
23	0.023	0.0251	0.088	1.24	4.08	Y
24	0.023	0.024	0.068	1.20	4.05	Y
25	0.023	0.0247	0.054	1.24	4.04	Y
26	0.023	0.0247	0.046	1.28	4.04	Y
27	0.023	0.0241	0.045	1.23	4.05	Y
28	0.023	0.0241	0.047	1.23	4.04	Y
29	0.023	0.0242	0.059	1.27	4.04	Y
30	0.023	0.0234	0.044	1.32	4.05	Y
31	0.023	0.0238	0.044	1.38	4.04	Y

Compliance summary (operator to complete any blank fields)

95% of daily turbidity readings ≤ 1 NTU? [Y/N] Yes	All turbidity readings ≤ 5 NTU? [Y/N] Yes	All IFE turbidity readings ≤ 0.15 NTU? [Y/N] Yes	Performance std met? [Y/N] (PDR ≤ PDR _{Max} , LRV ≥ LRC) Yes	DIT Daily? Yes
CT's met daily? (p. 2) Yes	All Cl ₂ residual at EP ≥ 0.2 mg/L? Yes	PDR ≤ PDR _{Max} ? Yes	LRV _{ambient} ≥ LRC? Yes	

PRINTED NAME: **Jeremy Wolford**
 SIGNATURE: 
 Notes:

DATE: **1/5/26**
 WT CERT #: **T-7231**
 PHONE #: **541-679-6321**

OHA-DWS

Disinfection Monthly Operating Report

System Name: Green Area Water & Sanitary Authority

Dec 2025

PWS ID#: 41 - 00717

0.5

↩ Log
Inactivation
Required via
Disinfection

Plant ID : WTP - A

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	1.707	14.3789	24.5	13.7	7.43	19.0	YES	1,172	15:00
2	1.641	14.5808	23.9	13.8	7.84	21.6	YES	1,156	1:00
3	1.868	15.0022	28.0	13.9	7.86	22.2	YES	1,123	12:00
4	1.747	14.5808	25.5	14.1	7.76	20.9	YES	1,156	14:00
5	1.695	15.2221	25.8	11.2	7.66	24.3	YES	1,107	15:00
6	1.416	14.7885	20.9	14.4	7.66	19.0	YES	1,139	17:00
7	1.638	14.3789	23.5	14.4	7.70	19.8	YES	1,172	22:00
8	1.913	14.3789	27.5	11.4	7.64	24.3	YES	1,172	23:00
9	1.919	14.5808	28.0	11.1	7.67	25.3	YES	1,156	2:00
10	1.552	15.0022	23.3	24.3	7.51	9.4	YES	1,123	15:00
11	1.561	15.0022	23.4	15.3	7.51	17.2	YES	1,123	18:00
12	1.619	15.0022	24.3	16.1	7.59	16.9	YES	1,123	17:00
13	1.597	14.3789	23.0	13.8	7.68	20.3	YES	1,172	5:00
14	1.542	14.5808	22.5	12.8	7.70	21.7	YES	1,156	12:00
15	1.557	14.7885	23.0	14.5	7.63	18.9	YES	1,139	22:00
16	1.829	14.5808	26.7	11.5	7.60	23.7	YES	1,156	15:00
17	1.858	15.0022	27.9	15.2	7.61	18.6	YES	1,123	16:00
18	1.560	15.0022	23.4	12.9	7.59	20.7	YES	1,123	10:00
19	1.496	14.1825	21.2	14.2	7.42	17.7	YES	1,188	8:00
20	1.533	14.7885	22.7	14.8	7.20	15.8	YES	1,139	19:00
21	1.748	14.3789	25.1	13.5	7.31	18.4	YES	1,172	10:00
22	1.526	14.1825	21.6	13.9	7.35	17.7	YES	1,188	22:00
23	1.587	14.7885	23.5	13.5	7.23	17.5	YES	1,139	19:00
24	1.918	15.0022	28.8	15.8	7.29	16.0	YES	1,123	12:00
25	1.854	15.682	29.1	14.3	7.26	17.3	YES	1,074	6:00
26	2.199	16.4265	36.1	14.2	7.33	18.6	YES	1,025	17:00
27	1.868	15.9225	29.7	12.8	7.33	19.7	YES	1,058	17:00
28	1.454	15.4486	22.5	15.4	7.36	16.0	YES	1,090	23:00
29	1.912	15.9225	30.4	13.5	7.39	19.3	YES	1,058	17:00
30	1.685	14.7885	24.9	12.9	7.40	19.6	YES	1,139	9:00
31	1.916	14.5808	27.9	13.4	7.46	20.0	YES	1,156	15:00

* 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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Oregon DHS - Drinking Water Program – Surface Water Quality Data

System Name: GAWSA

PWS ID#: 41 00717 Month/Year: 12/2025

Minimum UVT [%] during month: 99.8%

Duty sensor variation from reference sensor: 4.1%

Minimum Validated UVT: 99.8% {Insert Req'd Value}

Date	Peak Hourly Demand Flow	Minimum Intensity	All Lamps On?	Daily Water Produced {A}	Water outside Validated Conditions {B}	Cumulative % Off-Spec Water Produced
	[gpm]	[^{mW} /cm ²]	[Y or N]	[gal]	[gal]	$\frac{\text{No. Sum } \{B\}}{\text{No. Sum } \{A\}} * 100$ [%]
1	2900	14.8	Y	935,412	0	0
2	2900	14.8	Y	1,128,267	0	0
3	2900	15.0	Y	993,349	0	0
4	2900	15.1	Y	1,006,831	0	0
5	2900	16.9	Y	1,019,261	0	0
6	2900	19.1	Y	1,214,683	0	0
7	2900	19.1	Y	961,257	0	0
8	2900	20.1	Y	847,909	0	0
9	2900	21.0	Y	1,201,221	0	0
10	2900	20.6	Y	1,058,694	0	0
11	2900	19.4	Y	1,092,756	0	0
12	2900	14.3	Y	1,035,503	0	0
13	2900	15.1	Y	1,037,949	0	0
14	2900	14.7	Y	1,087,160	0	0
15	2900	14.8	Y	1,072,921	0	0
16	2900	23.7	Y	1,135,079	0	0
17	2900	14.3	Y	914,645	0	0
18	2900	20.0	Y	1,153,537	0	0
19	2900	17.3	Y	992,128	0	0
20	2900	12.4	Y	687,685	0	0
21	2900	15.2	Y	1,348,900	0	0
22	2900	14.9	Y	1,224,905	0	0
23	2900	11.6	Y	1,039,063	0	0
24	2900	17.5	Y	1,126,891	0	0
25	2900	13.0	Y	1,105,763	0	0
26	2900	12.0	Y	830,209	0	0
27	2900	19.4	Y	1,262,522	0	0
28	2900	16.0	Y	879,012	0	0
29	2900	21.3	Y	1,004,551	0	0
30	2900	19.3	Y	1,039,183	0	0
31	2900	14.2	Y	1,015,619	0	0
Monthly Cumulative % Off-Spec Water Produced						0

Signature: 

Op Cert #: T-7231

Date: 1/5/20