Disinfection Monthly Operating Report

System Name: **Boulder Creek**
PWS ID#: 41 - **41-00722**
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	0.841	53	44.6	0.0	0.00	4.4	YES	35	
2	1.554	53	82.4	12.5	7.25	19.1	YES	35	
3	1.702	53	90.2	12.8	7.13	18.0	YES	35	
4	1.459	53	77.3	11.7	7.25	19.8	YES	35	
5	1.477	53	78.3	12.0	7.35	20.1	YES	35	
6	1.633	53	86.5	12.1	7.14	18.9	YES	35	
7	1.475	53	78.2	12.3	7.31	19.5	YES	35	
8	1.658	53	87.9	12.7	7.11	17.8	YES	35	
9	1.525	53	80.8	12.9	7.39	19.2	YES	35	
10	1.496	53	79.3	14.2	7.41	17.7	YES	35	
11	1.506	53	79.8	13.0	7.47	19.6	YES	35	
12	1.617	53	85.7	14.2	7.28	17.2	YES	35	
13	1.484	53	78.7	13.8	7.42	18.2	YES	35	
14	1.669	53	88.5	14.4	7.19	16.4	YES	35	
15	1.511	53	80.1	13.7	7.48	18.8	YES	35	
16	1.592	53	84.4	15.1	7.22	15.8	YES	35	
17	1.457	53	77.2	15.2	7.39	16.4	YES	35	
18	1.457	53	77.2	14.0	7.50	18.4	YES	35	
19	1.450	53	76.9	14.0	7.51	18.6	YES	35	
20	1.423	53	75.4	13.9	7.51	18.6	YES	35	
21	1.417	53	75.1	14.1	7.44	17.8	YES	35	
22	1.633	53	86.5	12.7	7.50	20.5	YES	35	
23	1.540	53	81.6	14.6	7.46	17.6	YES	35	
24	1.554	53	82.4	13.7	7.54	19.3	YES	35	
25	1.496	53	79.3	13.6	7.56	19.4	YES	35	
26	1.396	53	74.0	14.7	7.49	17.4	YES	35	
27	1.380	53	73.1	13.1	7.54	19.7	YES	35	
28	1.504	53	79.7	13.4	7.46	19.0	YES	35	
29	1.332	53	70.6	14.3	7.49	17.7	YES	35	
30	1.423	53	75.4	13.6	7.65	20.0	YES	35	
31	1.355	53	71.8	13.1	7.58	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