OHA - DWS

Membrane Filter Monthly Operating Report

System Name: Boulder Creek
PWS ID#: 41 - 00722
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	0.023			NA	4.12	Y
2	0.023			NA	4.12	Y
3	0.023			NA	4.12	Y
4	0.021			NA	4.12	Y
5	0.023			NA	4.12	Y
6	0.023			NA	4.12	Y
7	0.023			NA	4.12	Y
8	0.023			NA	4.12	Y
9	0.023			NA	4.12	Y
10	0.023			NA	4.12	Y
11	0.023			NA	4.12	Y
12	0.023			NA	4.12	Y
13	0.023			NA	4.12	Y
14	0.023			NA	4.12	Y
15	0.023			NA	4.12	Y
16	0.023			NA	4.12	Y
17	0.023			NA	4.12	Y
18	0.023			NA	4.12	Y
19	0.023			NA	4.12	Y
20	0.037			NA	4.12	Y
21	0.023			NA	4.12	Y
22	0.033			NA	4.12	Y
23	0.023			NA	4.12	Y
24	0.023			NA	4.12	Y
25	0.033			NA	4.12	Y
26	0.025			NA	4.12	Y
27	0.035			NA	4.12	Y
28	0.025			NA	4.12	Y
29	0.025			NA	4.12	Y
30	0.033			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 ≤ PDR_{Max}, LRV ≥ LRC)	DIT Daily?
Yes	**Yes**		**Yes**	**Yes**

CT's met daily? (p. 2)	All Cl_2 residual at EP ≥ 0.2 $^{mg}/_{L}$?	PDR ≤ PDR_{Max}?	$LRV_{ambient}$ ≥ 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: Boulder Creek

PWS ID#: 41 - 00722

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	1.741	53	92.3	13.6	7.29	18.1	YES	35	
2	1.725	53	91.4	13.5	7.43	19.2	YES	35	
3	1.667	53	88.4	14.0	7.47	18.7	YES	35	
4	1.635	53	86.7	13.7	7.47	19.0	YES	35	
5	1.719	53	91.1	14.0	7.52	19.1	YES	35	
6	1.735	53	92.0	14.1	7.50	18.9	YES	35	
7	1.679	53	89.0	14.5	7.48	18.2	YES	35	
8	1.575	53	83.5	13.9	7.53	19.0	YES	35	
9	1.471	53	78.0	14.0	7.54	18.8	YES	35	
10	1.548	53	82.0	14.2	7.52	18.5	YES	35	
11	1.479	53	78.4	13.8	7.50	18.8	YES	35	
12	1.384	53	73.4	14.0	7.44	17.9	YES	35	
13	1.353	53	71.7	13.6	7.40	18.1	YES	35	
14	1.168	53	61.9	13.3	7.35	17.7	YES	35	
15	1.242	53	65.8	12.3	7.41	19.6	YES	35	
16	1.041	53	55.2	13.4	7.16	16.2	YES	35	
17	1.259	53	66.7	13.2	7.51	19.1	YES	35	
18	1.446	53	76.6	13.1	7.51	19.7	YES	35	
19	1.521	53	80.6	12.4	7.54	21.0	YES	35	
20	2.010	53	106.5	12.7	7.38	20.4	YES	35	
21	1.960	53	103.9	12.6	7.38	20.5	YES	35	
22	1.837	53	97.4	12.2	7.32	20.6	YES	35	
23	1.887	53	100.0	11.9	7.31	21.0	YES	35	
24	1.716	53	90.9	13.5	7.21	17.6	YES	35	
25	1.737	53	92.1	11.8	7.38	21.3	YES	35	
26	1.475	53	78.2	11.1	7.33	21.2	YES	35	
27	1.278	53	67.7	11.5	7.05	18.3	YES	35	
28	1.288	53	68.3	11.4	7.07	18.6	YES	35	
29	1.278	53	67.7	12.0	7.31	19.5	YES	35	
30	1.211	53	64.2	11.6	7.17	18.9	YES	35	
31									

♦ 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