

OHA - DWS

Membrane Filter Monthly Operating Report

County: **Lincoln**

System Name: **Boulder Creek**

Month/Year: **Nov-2025**

PWS ID#: 41 - **00722**

Minimum test pressure **applied**: **22.76** psi

Plant ID: WTP - _____
(e.g., "A")

Minimum test pressure **req'd**: **22** 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

4.00

Daily

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	0.017		0.017	>0.145		Y
2	0.018		0.018	>0.145		Y
3	0.018		0.018	>0.145		Y
4	0.021		0.021	>0.145		Y
5	0.019		0.019	>0.145		Y
6	0.021		0.021	>0.145		Y
7	0.021		0.021	>0.145		Y
8	0.020		0.020	>0.145		Y
9	0.021		0.021	>0.145		Y
10	0.021		0.021	>0.145		Y
11	0.020		0.020	>0.145		Y
12	0.020		0.020	>0.145		Y
13	0.020		0.020	>0.145		Y
14	0.021		0.021	>0.145		Y
15	0.021		0.021	>0.145		Y
16	0.019		0.019	>0.145		Y
17	0.020		0.020	>0.145		Y
18	0.021		0.021	>0.145		Y
19	0.021		0.021	>0.145		Y
20	0.020		0.020	>0.145		Y
21	0.021		0.021	>0.145		Y
22	0.020		0.020	>0.145		Y
23	0.020		0.020	>0.145		Y
24	0.019		0.019	>0.145		Y
25	0.022		0.022	>0.145		Y
26	0.021		0.021	>0.145		Y
27	0.019		0.019	>0.145		Y
28	0.019		0.019	>0.145		Y
29	0.019		0.019	>0.145		Y
30	0.019		0.019	>0.145		Y
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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	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		

PRINTED NAME: Curtis Olson

DATE: 12/05/2025

SIGNATURE: *Curtis Olson*

WT CERT #: 216644

Notes:

PHONE #: 503-554-8333

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Disinfection Monthly Operating ReportSystem Name: **Boulder Creek**PWS ID#: 41 - **00722**

Plant ID : WTP -

0.5Log
Inactivation
Required via
Disinfection

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	1.145	53	60.7	10.8	6.50	15.6	YES	35	
2	1.328	53	70.4	9.6	6.79	19.1	YES	35	
3	1.862	53	98.7	9.0	6.82	21.2	YES	35	
4	1.348	53	71.4	10.3	6.88	18.9	YES	35	
5	1.850	53	98.1	9.7	6.63	19.0	YES	35	
6	1.671	53	88.6	10.4	6.79	18.8	YES	35	
7	1.910	53	101.2	10.0	6.57	18.4	YES	35	
8	1.791	53	94.9	9.8	6.67	19.1	YES	35	
9	1.467	53	77.8	9.4	6.84	20.0	YES	35	
10	1.411	53	74.8	9.8	6.90	19.8	YES	35	
11	1.561	53	82.7	9.5	6.86	20.2	YES	35	
12	1.719	53	91.1	9.1	6.98	22.1	YES	35	
13	1.517	53	80.4	9.6	6.92	20.4	YES	35	
14	1.434	53	76.0	10.7	6.98	19.2	YES	35	
15	1.328	53	70.4	9.9	6.96	19.9	YES	35	
16	1.446	53	76.6	9.5	6.85	19.9	YES	35	
17	1.095	53	58.0	9.9	6.81	18.4	YES	35	
18	1.525	53	80.8	9.0	6.83	20.5	YES	35	
19	1.800	53	95.4	8.7	7.79	30.4	YES	35	
20	1.748	53	92.6	8.8	7.87	31.0	YES	35	
21	1.188	53	63.0	7.8	7.00	22.8	YES	35	
22	1.604	53	85.0	7.8	6.89	23.0	YES	35	
23	1.359	53	72.0	8.3	6.93	21.9	YES	35	
24	1.259	53	66.7	7.9	6.92	22.2	YES	35	
25	1.475	53	78.2	8.2	7.03	23.2	YES	35	
26	1.274	53	67.5	8.3	6.95	21.9	YES	35	
27	1.222	53	64.8	8.5	7.00	21.9	YES	35	
28	1.222	53	64.8	9.5	6.94	20.1	YES	35	
29	1.193	53	63.2	9.1	6.78	19.4	YES	35	
30	1.319	53	69.9	8.4	6.80	20.7	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

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