

Disinfection Monthly Operating Report

System Name: **Boulder Creek**

PWS ID#: 41 - **00482**

Plant ID : WTP - _____

0.5 ⇐ Log 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	0.989	53	52.4	7.6	7.05	22.9	YES	35	
2	0.795	53	42.1	7.2	7.07	23.2	YES	35	
3	0.762	53	40.4	8.1	7.09	21.9	YES	35	
4	0.872	53	46.2	7.6	7.06	22.7	YES	35	
5	0.933	53	49.4	7.4	7.10	23.6	YES	35	
6	1.321	53	70.0	7.3	7.00	23.9	YES	35	
7	1.151	53	61.0	7.5	7.08	23.7	YES	35	
8	0.806	53	42.7	8.2	7.12	22.2	YES	35	
9	0.947	53	50.2	7.5	7.05	23.1	YES	35	
10	1.184	53	62.8	7.0	6.77	22.2	YES	35	
11	1.111	53	58.9	6.7	7.15	25.6	YES	35	
12	1.136	53	60.2	6.7	7.10	25.2	YES	35	
13	1.122	53	59.5	6.8	7.07	24.8	YES	35	
14	0.906	53	48.0	6.5	7.06	24.5	YES	35	
15	0.929	53	49.2	6.3	7.09	25.2	YES	35	
16	0.841	53	44.6	6.9	7.13	24.3	YES	35	
17	0.858	53	45.5	5.4	7.06	26.3	YES	35	
18	0.858	53	45.5	6.0	7.15	26.0	YES	35	
19	1.280	53	67.8	5.4	7.12	28.3	YES	35	
20	1.400	53	74.2	5.7	7.07	27.5	YES	35	
21	1.461	53	77.4	6.5	7.16	27.1	YES	35	
22	1.193	53	63.2	5.8	7.17	27.5	YES	35	
23	1.134	53	60.1	6.5	6.90	23.8	YES	35	
24	1.182	53	62.6	7.7	6.94	22.4	YES	35	
25	1.072	53	56.8	6.8	6.91	23.2	YES	35	
26	1.136	53	60.2	6.9	6.98	23.7	YES	35	
27	1.494	53	79.2	6.1	6.95	25.9	YES	35	
28	1.590	53	84.3	6.5	7.24	28.4	YES	35	
29									
30									
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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