

OHA - DWS

Membrane Filter Monthly Operating Report

County: **Douglas**

System Name: **Wolf Creek Job Corps**

Month/Year: **Sep-2023**

PWS ID#: 41 - **01095**

Minimum test pressure applied || req'd: 15 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

PDR_{Max} [^{psi}/_{min}]

LRC [log removal]

2.000

4.00

DIT Daily

Day	CFE Daily Turbidity [NTU]	Highest CFE* [NTU]	Highest IFE [NTU] (>15 min duration)	Highest PDR of day [^{psi} / _{min}]	Lowest LRV _{ambient} of day [log removal]	[Y/N] or "off"
1	0.000	0	0.000	0.00		Off
2	0.020	0.02	0.020	0.02		Yes
3	0.000	0	0.000	0.00		Off
4	0.020	0.02	0.020	0.06		Yes
5	0.000	0	0.000	0.00		Off
6	0.020	0.02	0.020	0.04		Yes
7	0.020	0.02	0.020	0.06		Yes
8	0.000	0	0.000	0.00		Off
9	0.020	0.02	0.020	0.07		Yes
10	0.020	0.02	0.020	0.07		Yes
11	0.000	0	0.000	0.00		Off
12	0.020	0.02	0.020	0.05		Yes
13	0.020	0.02	0.020	0.05		Yes
14	0.020	0.02	0.020	0.05		Yes
15	0.020	0.02	0.020	0.05		Yes
16	0.020	0.02	0.020	0.06		Yes
17	0.000	0	0.000	0.00		Off
18	0.020	0.02	0.020	0.06		Yes
19	0.020	0.02	0.020	0.06		Yes
20	0.000	0	0.000	0.00		Off
21	0.020	0.02	0.020	0.06		Yes
22	0.000	0	0.000	0.00		Off
23	0.020	0.02	0.020	0.04		Yes
24	0.020	0.02	0.020	0.06		Yes
25	0.000	0	0.000	0.00		Off
26	0.020	0.02	0.020	0.06		Yes
27	0.020	0.02	0.020	0.06		Yes
28	0.000	0	0.000	0.00		Off
29	0.020	0.02	0.020	0.07		Yes
30	0.020	0.02	0.020	0.06		Yes
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	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: *Jonathan Woody* DATE: *10-9-23*
 SIGNATURE: *Jack Woody* WT CERT #: *7232*
 Notes: PHONE #: *541-643-6137*

♣ Used for optimization purposes only.

OHA-DWS

Disinfection Monthly Operating Report

System Name: **Wolf Creek Job Corps**

PWS ID#: 41 - **01095**

Plant ID : WTP - **A**

0.5	↗ Log Inactivation Required via Disinfection
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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		93							off
2	1.000	93	93.0	19.0	7.50	12.5	YES	44	
3		93							off
4	0.500	93	46.5	20.0	7.80	12.4	YES	44	
5		93							off
6	0.600	93	55.8	19.0	7.30	11.1	YES	44	
7	1.300	93	120.9	18.0	7.40	13.4	YES	44	
8		93							off
9	0.900	93	83.7	20.0	7.40	11.2	YES	44	
10	1.100	93	102.3	19.0	7.40	12.2	YES	44	
11		93							off
12	0.700	93	65.1	21.0	7.50	10.6	YES	44	
13	1.200	93	111.6	17.0	7.30	13.6	YES	44	
14	0.800	93	74.4	20.0	7.30	10.6	YES	44	
15	1.000	93	93.0	19.0	7.30	11.6	YES	44	
16	1.100	93	102.3	20.0	7.60	12.3	YES	44	
17		93							off
18	0.600	93	55.8	20.0	7.20	10.0	YES	44	
19	0.700	93	65.1	18.0	7.50	13.0	YES	44	
20		93							off
21	0.500	93	46.5	17.0	7.60	14.1	YES	44	
22		93							off
23	0.700	93	65.1	15.0	7.40	15.3	YES	44	
24	1.100	93	102.3	15.0	7.30	15.4	YES	44	
25		93							off
26	0.700	93	65.1	19.0	7.30	11.2	YES	44	
27	0.600	93	55.8	17.0	7.40	13.2	YES	44	
28		93							off
29	0.500	93	46.5	18.0	7.60	13.2	YES	44	
30	0.900	93	83.7	17.0	7.50	14.2	YES	44	
31		93							

* 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