

Membrane Filter Monthly Operating Report

County: Douglas

System Name: Wolf Creek Job Corps

Month/Year: Dec-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

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

LRC [log removal]

DIT
Daily

LRC = Log Removal Credit

2.000

4.00

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						Off
2	0.020	0.02	0.020	0.03		Yes
3						Off
4	0.020	0.02	0.020	0.03		Yes
5	0.020	0.02	0.020	0.05		Yes
6	0.020	0.02	0.020	0.05		Yes
7	0.020	0.02	0.020	0.05		Yes
8	0.020	0.02	0.020	0.05		Yes
9						Off
10	0.020	0.02	0.020	0.04		Yes
11	0.020	0.02	0.020	0.04		Yes
12	0.020	0.02	0.020	0.05		Yes
13	0.020	0.02	0.020	0.04		Yes
14						Off
15						Off
16	0.020	0.02	0.020	0.06		Yes
17	0.020	0.02	0.020	0.05		Yes
18	0.020	0.02	0.020	0.04		Yes
19						Off
20	0.020	0.02	0.020	0.04		Yes
21	0.020	0.02	0.020	0.04		Yes
22						Off
23	0.020	0.02	0.020	0.04		Yes
24	0.020	0.02	0.020	0.04		Yes
25	0.020	0.02	0.020	0.05		Yes
26						Off
27	0.020	0.02	0.020	0.05		Yes
28	0.020	0.02	0.020	0.03		Yes
29						Off
30	0.020	0.02	0.020	0.03		Yes
31	0.020	0.02	0.020	0.05		Yes

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
 SIGNATURE: John Woody
 Notes:

DATE: 1-10-24
 WT CERT #: 7232
 PHONE #: 541-643-6137

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	1.200	93	111.6	10.0	7.30	21.9	YES	44	
3		93							off
4	0.800	93	74.4	14.0	7.30	15.9	YES	44	
5	0.900	93	83.7	12.0	7.00	16.8	YES	44	
6	1.200	93	111.6	12.0	7.30	19.2	YES	44	
7	1.200	93	111.6	11.0	7.20	19.8	YES	44	
8	1.100	93	102.3	12.0	7.10	17.7	YES	44	
9		93							off
10	0.800	93	74.4	12.0	7.00	16.6	YES	44	
11	1.000	93	93.0	12.0	7.20	18.2	YES	44	
12	1.400	93	130.2	11.0	7.20	20.3	YES	44	
13	1.600	93	148.8	10.0	7.40	23.8	YES	44	
14		93							off
15		93							off
16	1.000	93	93.0	12.0	7.10	17.6	YES	44	
17	1.500	93	139.5	10.0	7.30	22.7	YES	44	
18	1.700	93	158.1	9.0	7.40	25.7	YES	44	
19		93							off
20	1.200	93	111.6	11.0	7.40	21.2	YES	44	
21	1.500	93	139.5	10.0	7.40	23.5	YES	44	
22		93							off
23	0.900	93	83.7	11.0	7.20	19.2	YES	44	
24	1.400	93	130.2	9.0	7.50	25.7	YES	44	
25	1.700	93	158.1	9.0	7.60	27.6	YES	44	
26		93							off
27	1.300	93	120.9	10.0	7.50	23.8	YES	44	
28	1.700	93	158.1	9.0	7.50	26.6	YES	44	
29		93							off
30	1.700	93	158.1	10.0	7.60	25.8	YES	44	
31	1.400	93	130.2	10.0	7.40	23.2	YES	44	

* 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