

# OHA - DWS

## Membrane Filter Monthly Operating Report

County: **Douglas**

System Name: **Wolf Creek Job Corps**

Month/Year: **Feb-2024**

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

Day	CFE Daily Turbidity [NTU]	Highest CFE* [NTU]	Highest IFE [NTU] (>15 min duration)	PDR <sub>Max</sub> [ <sup>psi</sup> / <sub>min</sub> ]	LRC [log removal]	DIT Daily
				2.000	4.00	
1	0.020	0.02	0.020	0.07		Yes
2	0.000	0	0.000	0.00		Off
3	0.020	0.02	0.020	0.07		Yes
4	0.020	0.02	0.020	0.08		Yes
5	0.000	0	0.000	0.00		Off
6	0.020	0.02	0.020	0.08		Yes
7	0.020	0.02	0.020	0.07		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	0.06		Yes
11	0.020	0.02	0.020	0.07		Yes
12	0.020	0.02	0.020	0.07		Yes
13	0.020	0.02	0.020	0.06		Yes
14	0.020	0.02	0.020	0.08		Yes
15	0.000	0	0.000	0.00		Off
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	0.07		Yes
19	0.020	0.02	0.020	0.05		Yes
20	0.020	0.02	0.020	0.06		Yes
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	0.03		Yes
25	0.020	0.02	0.020	0.05		Yes
26	0.000	0	0.000	0.00		Off
27	0.020	0.02	0.020	0.05		Yes
28	0.020	0.02	0.020	0.06		Yes
29	0.000	0	0.000	0.00		Off
30						
31						

**Compliance summary (operator to complete any blank fields)**

95% of daily turbidity readings ≤ 1 NTU? [Y/N] <b>Yes</b>	All turbidity readings ≤ 5 NTU? [Y/N] <b>Yes</b>	All IFE turbidity readings ≤ 0.15 NTU? [Y/N] <b>Yes</b>	Performance std met? [Y/N] (PDR ≤ PDR <sub>Max</sub> , LRV ≥ LRC) <b>Yes</b>	DIT Daily? <b>Yes</b>
CT's met daily? (p. 2) <b>Yes</b>	All Cl <sub>2</sub> residual at EP ≥ 0.2 mg/L? <b>Yes</b>	PDR ≤ PDR <sub>Max</sub> ? <b>Yes</b>	LRV <sub>ambient</sub> ≥ LRC?	

PRINTED NAME: *Jonathan Woody*      DATE: **3-6-24**  
 SIGNATURE: *John Woody*      WT CERT #: **7232**  
 Notes:      PHONE #: **541.643.6137**

◆ Used for optimization purposes only.

**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

Day	Minimum Cl <sub>2</sub> Residual at 1 <sup>st</sup> 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	1.600	93	148.8	10.0	7.30	22.9	YES	44	
2		93							off
3	1.200	93	111.6	11.0	7.10	19.1	YES	44	
4	1.700	93	158.1	7.0	7.30	28.3	YES	44	
5		93							off
6	1.300	93	120.9	12.0	7.00	17.5	YES	44	
7	2.000	93	186.0	9.0	7.10	23.9	YES	44	
8		93							off
9	1.200	93	111.6	11.0	7.30	20.5	YES	44	
10	1.700	93	158.1	8.0	7.30	26.5	YES	44	
11	1.400	93	130.2	9.0	7.30	23.9	YES	44	
12	1.200	93	111.6	10.0	7.10	20.4	YES	44	
13	1.700	93	158.1	9.0	7.30	24.8	YES	44	
14	1.600	93	148.8	8.0	7.10	24.4	YES	44	
15		93							off
16	1.400	93	130.2	10.0	7.40	23.2	YES	44	
17		93							off
18	1.200	93	111.6	11.0	7.10	19.1	YES	44	
19	1.600	93	148.8	10.0	7.10	21.4	YES	44	
20	1.600	93	148.8	10.0	7.20	22.1	YES	44	
21	1.300	93	120.9	11.0	7.20	20.0	YES	44	
22		93							off
23	1.600	93	148.8	11.0	7.40	22.2	YES	44	
24	1.800	93	167.4	9.0	7.30	25.1	YES	44	
25	1.500	93	139.5	9.0	7.20	23.4	YES	44	
26		93							off
27	1.400	93	130.2	11.0	7.30	21.0	YES	44	
28	1.700	93	158.1	7.0	7.30	28.3	YES	44	
29		93							off
30		93							
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 10<sup>th</sup> of following month by**

mail: Drinking Water Services  
PO Box 14350  
Portland, OR 97293-0350

email: [dwp.dmce@odhsoha.oregon.gov](mailto:dwp.dmce@odhsoha.oregon.gov)

fax: 971-673-0458