

OHA - DWS

Membrane Filter Monthly Operating Report

County: **Douglas**

System Name: **Wolf Creek Job Corps**

Month/Year: **Mar-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 _{Max} [psi/min]	LRC [log removal]	DIT Daily
				2.000	4.00	
				Highest PDR of day [psi/min]	Lowest LRV _{ambient} of day [log removal]	[Y/N] or "off"
1	0.020	0.02	0.020	0.06		Yes
2	0.020	0.02	0.020	0.06		Yes
3	0.000	0	0.000	0.00		Off
4	0.020	0.02	0.020	0.06		Yes
5	0.020	0.02	0.020	0.06		Yes
6	0.020	0.02	0.020	0.06		Yes
7	0.020	0.02	0.020	0.05		Yes
8	0.020	0.02	0.020	0.06		Yes
9	0.020	0.02	0.020	0.06		Yes
10	0.020	0.02	0.020	0.06		Yes
11	0.020	0.02	0.020	0.05		Yes
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	0.010	0.01	0.010	0.05		Yes
17	0.010	0.01	0.010	0.06		Yes
18	0.010	0.01	0.010	0.06		Yes
19	0.020	0.02	0.020	0.07		Yes
20	0.020	0.02	0.020	0.07		Yes
21	0.000	0	0.000	0.00		Off
22	0.020	0.02	0.020	0.06		Yes
23	0.020	0.02	0.020	0.06		Yes
24	0.020	0.02	0.020	0.07		Yes
25	0.000	0	0.000	0.00		Off
26	0.010	0.01	0.010	0.08		Yes
27	0.020	0.02	0.020	0.08		Yes
28	0.020	0.02	0.020	0.08		Yes
29	0.000	0	0.000	0.00		Off
30	0.020	0.02	0.020	0.08		Yes
31	0.020	0.02	0.020	0.08		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* DATE: **4-8-24**
 SIGNATURE: *Jonathan 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 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	1.300	93	120.9	9.0	7.50	25.4	YES	44	
2	1.600	93	148.8	8.0	7.30	26.2	YES	44	
3		93							off
4	1.200	93	111.6	10.0	7.40	22.7	YES	44	
5	1.500	93	139.5	9.0	7.40	25.1	YES	44	
6	1.400	93	130.2	9.0	7.30	23.9	YES	44	
7	1.900	93	176.7	9.0	7.40	26.3	YES	44	
8	0.500	93	46.5	9.0	7.30	21.6	YES	44	
9	0.500	93	46.5	10.0	7.20	19.6	YES	44	
10	1.600	93	148.8	8.0	7.20	25.3	YES	44	
11	1.300	93	120.9	9.0	7.30	23.7	YES	44	
12	1.400	93	130.2	9.0	7.30	23.9	YES	44	
13	1.100	93	102.3	9.0	7.30	23.1	YES	44	
14	1.300	93	120.9	9.0	7.40	24.5	YES	44	
15	1.300	93	120.9	9.0	7.40	24.5	YES	44	
16	1.600	93	148.8	8.0	7.60	29.2	YES	44	
17	1.600	93	148.8	8.0	7.30	26.2	YES	44	
18	1.200	93	111.6	11.0	7.00	18.5	YES	44	
19	1.600	93	148.8	9.0	7.30	24.5	YES	44	
20	1.200	93	111.6	10.0	7.50	23.5	YES	44	
21		93							off
22	1.300	93	120.9	10.0	7.00	20.0	YES	44	
23	1.300	93	120.9	9.0	7.00	21.3	YES	44	
24	1.500	93	139.5	9.0	7.00	21.8	YES	44	
25		93							off
26	1.500	93	139.5	14.0	6.70	13.8	YES	44	
27	1.300	93	120.9	10.0	7.00	20.0	YES	44	
28	1.900	93	176.7	12.0	6.80	17.5	YES	44	
29		93							off
30	1.000	93	93.0	12.0	7.00	17.0	YES	44	
31	1.500	93	139.5	10.0	7.00	20.4	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