

OHA - DWS

Membrane Filter Monthly Operating Report

County: **Douglas**

System Name: **Wolf Creek Job Corps**

Month/Year: **Apr-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

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	0.000	0	0.000	0.00		Off
2	0.020	0.02	0.020	0.08		Yes
3	0.020	0.02	0.020	0.07	5.36	Yes
4	0.020	0.02	0.020	0.09	5.26	Yes
5	0.000	0	0.000	0.00		Off
6	0.000	0	0.000	0.00		Off
7	0.020	0.02	0.020	0.09	5.29	Yes
8	0.020	0.02	0.020	0.08	5.33	Yes
9	0.000	0	0.000	0.00		Off
10	0.000	0	0.000	0.00		Off
11	0.020	0.02	0.020	0.05	5.54	Yes
12	0.020	0.02	0.020	0.06	5.43	Yes
13	0.000	0	0.000	0.00		Off
14	0.000	0	0.000	0.00		Off
15	0.020	0.02	0.020	0.08	5.26	Yes
16	0.020	0.02	0.020	0.05	5.45	Yes
17	0.020	0.02	0.020	0.05	5.48	Yes
18	0.000	0	0.000	0.00		Off
19	0.020	0.02	0.020	0.05	5.50	Yes
20	0.020	0.02	0.020	0.06	5.43	Yes
21	0.000	0	0.000	0.00		Off
22	0.020	0.02	0.020	0.06	5.43	Yes
23	0.020	0.02	0.020	0.08	5.26	Yes
24	0.020	0.02	0.020	0.08	5.22	Yes
25	0.000	0	0.000	0.00		Off
26	0.000	0	0.000	0.00		Off
27	0.020	0.02	0.020	0.06	5.41	Yes
28	0.020	0.02	0.020	0.08	5.31	Yes
29	0.000	0	0.000	0.00		Off
30	0.020	0.02	0.020	0.08	5.30	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	Yes	

PRINTED NAME: *John Woody*

SIGNATURE: *John Woody*

Notes:

DATE: *5-7-24*

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

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	1.600	93	148.8	10.0	7.60	25.5	YES	44	
3	1.600	93	148.8	11.0	7.30	21.5	YES	44	
4	1.500	93	139.5	11.0	7.00	19.1	YES	44	
5		93							off
6		93							off
7	1.400	93	130.2	11.0	6.90	18.3	YES	44	
8	1.400	93	130.2	9.0	6.90	20.8	YES	44	
9		93							off
10		93							off
11	1.300	93	120.9	12.0	7.00	17.5	YES	44	
12	1.100	93	102.3	10.0	7.00	19.5	YES	44	
13		93							off
14		93							off
15	0.500	93	46.5	12.0	7.00	16.1	YES	44	
16	0.900	93	83.7	10.0	7.00	19.1	YES	44	
17	0.600	93	55.8	13.0	6.90	14.3	YES	44	
18		93							off
19	0.800	93	74.4	13.0	6.90	14.7	YES	44	
20	1.200	93	111.6	10.0	7.00	19.7	YES	44	
21		93							off
22	0.700	93	65.1	12.0	6.80	15.3	YES	44	
23	1.100	93	102.3	12.0	6.90	16.6	YES	44	
24	1.000	93	93.0	11.0	7.00	18.1	YES	44	
25		93							off
26		93							off
27	0.900	93	83.7	12.0	7.20	18.0	YES	44	
28	0.600	93	55.8	11.0	6.80	16.2	YES	44	
29		93							off
30	0.700	93	65.1	14.0	7.00	14.1	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