

# OHA - DWS

## Membrane Filter Monthly Operating Report

County: **Douglas**

System Name: **Wolf Creek Job Corps**

Month/Year: **May-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<sub>Max</sub> [<sup>psi</sup>/<sub>min</sub>]

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 [ <sup>psi</sup> / <sub>min</sub> ]	Lowest LRV <sub>ambient</sub> of day [log removal]	[Y/N] or "off"
1	0.020	0.02	0.020	0.08	5.31	Yes
2	0.000	0	0.000	0.00		Off
3	0.000	0	0.000	0.00		Off
4	0.000	0	0.000	0.00		Off
5	0.020	0.02	0.020	0.08	5.25	Yes
6	0.020	0.02	0.020	0.08	5.25	Yes
7	0.020	0.02	0.020	0.08	5.26	Yes
8	0.000	0	0.000	0.00		Off
9	0.020	0.02	0.020	0.08	5.25	Yes
10	0.020	0.02	0.020	0.08	5.18	Yes
11	0.000	0	0.000	0.00		Off
12	0.000	0	0.000	0.00		Off
13	0.020	0.02	0.020	0.08	5.39	Yes
14	0.020	0.02	0.020	0.06	5.39	Yes
15	0.000	0	0.000	0.00		Off
16	0.020	0.02	0.020	0.08	5.25	Yes
17	0.020	0.02	0.020	0.08	5.26	Yes
18	0.020	0.02	0.020	0.07	5.34	Yes
19	0.000	0	0.000	0.00		Off
20	0.020	0.02	0.020	0.07	5.18	Yes
21	0.020	0.02	0.020	0.10	5.17	Yes
22	0.020	0.02	0.020	0.07	5.35	Yes
23	0.020	0.02	0.020	0.07	5.29	Yes
24	0.020	0.02	0.020	0.07	5.31	Yes
25	0.000	0	0.000	0.00		Off
26	0.000	0	0.000	0.00		Off
27	0.000	0	0.000	0.00		Off
28	0.020	0.02	0.020	0.07	5.27	Yes
29	0.020	0.02	0.020	0.07	5.29	Yes
30	0.000	0	0.000	0.00		Off
31	0.020	0.02	0.020	0.07	5.29	Yes

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

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

PRINTED NAME: *Jonathan Woody*

SIGNATURE: *John Woody*

Notes:

DATE: *6-1-24*

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 <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	2.000	93	186.0	9.0	7.10	23.9	YES	44	Yes
2		93							off
3		93							off
4		93							off
5	0.700	93	65.1	14.0	6.90	13.6	YES	44	Yes
6	0.500	93	46.5	13.0	6.90	14.2	YES	44	Yes
7	1.100	93	102.3	11.0	7.00	18.3	YES	44	Yes
8		93							off
9	0.600	93	55.8	11.0	7.50	20.6	YES	44	Yes
10	1.000	93	93.0	12.0	7.20	18.2	YES	44	Yes
11		93							off
12		93							off
13	0.700	93	65.1	15.0	7.20	14.2	YES	44	Yes
14	1.200	93	111.6	14.0	7.10	15.5	YES	44	Yes
15		93							off
16	0.700	93	65.1	15.0	7.20	14.2	YES	44	Yes
17	0.800	93	74.4	13.0	7.00	15.2	YES	44	Yes
18	1.000	93	93.0	15.0	7.20	14.7	YES	44	Yes
19		93							off
20	0.700	93	65.1	15.0	7.10	13.7	YES	44	Yes
21	1.200	93	111.6	11.0	7.30	20.5	YES	44	Yes
22	1.000	93	93.0	15.0	7.20	14.7	YES	44	Yes
23	0.600	93	55.8	14.0	7.10	14.4	YES	44	Yes
24	1.200	93	111.6	13.0	7.20	17.1	YES	44	Yes
25		93							off
26		93							off
27		93							off
28	0.700	93	65.1	14.0	7.60	17.6	YES	44	Yes
29	1.400	93	130.2	13.0	7.30	18.2	YES	44	Yes
30		93							off
31	1.000	93	93.0	14.0	7.30	16.3	YES	44	Yes

\* 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