

OHA - DWS

Membrane Filter Monthly Operating Report

County: **Douglas**

System Name: **Wolf Creek Job Corps**

Month/Year: **Jun-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	0.020	0.020	0.08	5.23	Yes
2	0.000	0.000	0.000	0.00		Off
3	0.020	0.020	0.020	0.08	5.23	Yes
4	0.020	0.020	0.020	0.07	5.33	Yes
5	0.020	0.020	0.020	0.08	5.23	Yes
6	0.000	0.000	0.000	0.00		Off
7	0.020	0.020	0.020	0.08	5.23	Yes
8	0.020	0.020	0.020	0.06	5.34	Yes
9	0.000	0.000	0.000	0.00		Off
10	0.000	0.000	0.000	0.00		Off
11	0.020	0.020	0.020	0.07	5.29	Yes
12	0.020	0.020	0.020	0.04	5.49	Yes
13	0.000	0.000	0.000	0.00		Off
14	0.000	0.000	0.000	0.00		Off
15	0.020	0.020	0.020	0.07	5.31	Yes
16	0.020	0.020	0.020	0.07	5.31	Yes
17	0.000	0.000	0.000	0.00		Off
18	0.020	0.020	0.020	0.07	5.31	Yes
19	0.020	0.020	0.020	0.07	5.27	Yes
20	0.000	0.000	0.000	0.00		Off
21	0.000	0.000	0.000	0.00		Off
22	0.020	0.020	0.020	0.07	5.27	Yes
23	0.020	0.020	0.020	0.08	5.21	Yes
24	0.020	0.020	0.020	0.08	5.21	Yes
25	0.020	0.020	0.020	0.08	5.25	Yes
26	0.020	0.020	0.020	0.07	5.29	Yes
27	0.000	0.000	0.000	0.00		Off
28	0.000	0.000	0.000	0.00		Off
29	0.020	0.020	0.020	0.07	5.29	Yes
30	0.020	0.020	0.020	0.07	5.24	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: *Jonathan Woody*
 SIGNATURE: *John Woody*
 Notes:

DATE: *7-7-24*
 WT CERT #: *7232*
 PHONE #: *541-643-6137*

◆ Used for optimization purposes only.

Disinfection Monthly Operating Report

System Name: **Wolf Creek Job Corps**

PWS ID#: 41 - **01095**

0.5

↳ Log Inactivation Required via Disinfection

Plant ID : WTP - **A**

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	1.200	93	111.6	14.0	7.20	16.0	YES	44	
2		93							off
3	0.800	93	74.4	17.0	7.10	12.1	YES	44	
4	0.800	93	74.4	16.0	7.30	13.9	YES	44	
5	1.100	93	102.3	16.0	7.20	13.9	YES	44	
6		93							off
7	0.500	93	46.5	18.0	7.00	10.5	YES	44	
8	1.000	93	93.0	16.0	7.20	13.7	YES	44	
9		93							off
10		93							off
11	0.500	93	46.5	19.0	7.10	10.2	YES	44	
12	1.000	93	93.0	17.0	7.30	13.3	YES	44	
13		93							off
14		93							off
15	0.700	93	65.1	17.0	7.50	13.9	YES	44	
16	1.100	93	102.3	16.0	7.50	15.5	YES	44	
17		93							off
18	0.600	93	55.8	18.0	7.50	12.8	YES	44	
19	1.300	93	120.9	15.0	7.40	16.3	YES	44	
20		93							off
21		93							off
22	0.600	93	55.8	19.0	7.20	10.7	YES	44	
23	1.200	93	111.6	18.0	7.40	13.2	YES	44	
24	0.900	93	83.7	19.0	7.30	11.5	YES	44	
25	0.900	93	83.7	18.0	7.40	12.8	YES	44	
26	1.200	93	111.6	18.0	7.30	12.7	YES	44	
27		93							off
28		93							off
29	0.500	93	46.5	20.0	7.40	10.7	YES	44	
30	1.200	93	111.6	19.0	7.40	12.4	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