

Membrane Filter Monthly Operating Report

County: **Douglas**

System Name: **Wolf Creek Job Corps**

Month/Year: **Jul-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	
1	0.020	0.020	0.020	0.06	5.24	Yes
2	0.000	0.000	0.000	0.00		Off
3	0.020	0.020	0.020	0.07	5.22	Yes
4	0.020	0.020	0.020	0.07	5.23	Yes
5	0.020	0.020	0.020	0.07	5.24	Yes
6	0.000	0.000	0.000	0.00		Off
7	0.020	0.020	0.020	0.07	5.21	Yes
8	0.020	0.020	0.020	0.05	5.33	Yes
9	0.020	0.020	0.020	0.04	5.51	Yes
10	0.020	0.020	0.020	0.07	5.20	Yes
11	0.020	0.020	0.020	0.07	5.22	Yes
12	0.020	0.020	0.020	0.07	5.18	Yes
13	0.020	0.020	0.020	0.05	5.36	Yes
14	0.020	0.020	0.020	0.05	5.38	Yes
15	0.020	0.020	0.020	0.05	5.31	Yes
16	0.020	0.020	0.020	0.07	5.21	Yes
17	0.020	0.020	0.020	0.06	5.31	Yes
18	0.000	0.000	0.000	0.00		Off
19	0.020	0.020	0.020	0.05	5.35	Yes
20	0.020	0.020	0.020	0.06	5.31	Yes
21	0.020	0.020	0.020	0.06	5.36	Yes
22	0.020	0.020	0.020	0.06	5.31	Yes
23	0.020	0.020	0.020	0.07	5.29	Yes
24	0.000	0.000	0.000	0.00		Off
25	0.020	0.020	0.020	0.06	5.31	Yes
26	0.020	0.020	0.020	0.08	5.17	Yes
27	0.020	0.020	0.020	0.08	5.19	Yes
28	0.020	0.020	0.020	0.07	5.27	Yes
29	0.020	0.020	0.020	0.07	5.23	Yes
30	0.020	0.020	0.020	0.06	5.31	Yes
31	0.000	0.000	0.000	0.00		Off

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: *8-6-24*

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	0.800	93	74.4	19.0	7.30	11.4	YES	44	
2		93							off
3	0.700	93	65.1	20.0	7.20	10.1	YES	44	
4	0.700	93	65.1	18.0	7.50	13.0	YES	44	
5	0.900	93	83.7	20.0	7.10	10.0	YES	44	
6		93							off
7	0.800	93	74.4	21.0	7.50	10.7	YES	44	
8	1.000	93	93.0	22.0	7.60	10.6	YES	44	
9	0.700	93	65.1	22.0	7.60	10.3	YES	44	
10	1.100	93	102.3	23.0	7.20	8.7	YES	44	
11	0.600	93	55.8	22.0	7.20	8.7	YES	44	
12	0.700	93	65.1	22.0	7.40	9.5	YES	44	
13	0.900	93	83.7	22.0	7.90	11.8	YES	44	
14	1.100	93	102.3	22.0	7.70	11.2	YES	44	
15	1.100	93	102.3	22.0	7.50	10.4	YES	44	
16	0.900	93	83.7	22.0	7.60	10.5	YES	44	
17	1.300	93	120.9	21.0	7.40	10.9	YES	44	
18		93							off
19	0.800	93	74.4	22.0	7.70	10.8	YES	44	
20	1.000	93	93.0	22.0	7.50	10.3	YES	44	
21	0.900	93	83.7	23.0	7.90	11.0	YES	44	
22	0.900	93	83.7	22.0	7.80	11.3	YES	44	
23	1.000	93	93.0	21.0	7.70	11.8	YES	44	
24		93							off
25	1.100	93	102.3	21.0	7.50	11.1	YES	44	
26	1.200	93	111.6	20.0	7.30	11.1	YES	44	
27	1.100	93	102.3	21.0	7.10	9.5	YES	44	
28	1.300	93	120.9	19.0	7.50	13.0	YES	44	
29	0.800	93	74.4	20.0	7.60	11.9	YES	44	
30	1.000	93	93.0	21.0	7.80	12.3	YES	44	
31		93							off

* 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