

# OHA - DWS

## Membrane Filter Monthly Operating Report

County: **Douglas**

System Name: **Wolf Creek Job Corps**

Month/Year: **Aug-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

PDR<sub>Max</sub> [<sup>psi</sup>/min]

LRC [log removal]

2.000

4.00

DIT Daily

Day	CFE Daily Turbidity [NTU]	Highest CFE* [NTU]	Highest IFE [NTU] (>15 min duration)	Highest PDR of day [ <sup>psi</sup> /min]	Lowest LRV <sub>ambient</sub> of day [log removal]	[Y/N] or "off"
1	0.000	0.000	0.000	0.00		Off
2	0.020	0.020	0.020	0.05	5.37	Yes
3	0.020	0.020	0.020	0.05	5.37	Yes
4	0.020	0.020	0.020	0.08	5.18	Yes
5	0.000	0.000	0.000	0.00		Off
6	0.020	0.020	0.020	0.08	5.17	Yes
7	0.020	0.020	0.020	0.06	5.28	Yes
8	0.020	0.020	0.020	0.06	5.30	Yes
9	0.020	0.020	0.020	0.06	5.30	Yes
10	0.020	0.020	0.020	0.06	5.33	Yes
11	0.020	0.020	0.020	0.05	5.34	Yes
12	0.000	0.000	0.000	0.00		Off
13	0.020	0.020	0.020	0.05	5.34	Yes
14	0.020	0.020	0.020	0.08	5.15	Yes
15	0.000	0.000	0.000	0.00		Off
16	0.020	0.020	0.020	0.07	5.24	Yes
17	0.020	0.020	0.020	0.07	5.24	Yes
18	0.020	0.020	0.020	0.07	5.21	Yes
19	0.020	0.020	0.020	0.07	5.22	Yes
20	0.000	0.000	0.000	0.00		Off
21	0.020	0.020	0.020	0.07	5.29	Yes
22	0.020	0.020	0.020	0.06	5.28	Yes
23	0.020	0.020	0.020	0.06	5.30	Yes
24	0.000	0.000	0.000	0.00		Off
25	0.020	0.020	0.020	0.06	5.28	Yes
26	0.020	0.020	0.020	0.08	5.17	Yes
27	0.000	0.000	0.000	0.00		Off
28	0.020	0.020	0.020	0.08	5.16	Yes
29	0.000	0.000	0.000	0.00		Off
30	0.020	0.020	0.020	0.05	5.32	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 <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*      DATE: *9-7-24*  
 SIGNATURE: *John 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**

**0.5**

↔ Log Inactivation Required via Disinfection

Plant ID : WTP - **A**

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		93							Off
2	0.800	93	74.4	22.0	7.40	9.6	YES	44	
3	1.500	93	139.5	22.0	7.60	11.3	YES	44	
4	1.200	93	111.6	22.0	7.30	9.7	YES	44	
5		93							Off
6	1.000	93	93.0	22.0	7.20	9.2	YES	44	
7	1.200	93	111.6	21.0	7.40	10.8	YES	44	
8	1.000	93	93.0	22.0	7.30	9.5	YES	44	
9	0.700	93	65.1	22.0	7.10	8.5	YES	44	
10	1.100	93	102.3	22.0	7.60	10.8	YES	44	
11	1.200	93	111.6	21.0	7.30	10.4	YES	44	
12		93							Off
13	0.500	93	46.5	22.0	7.40	9.3	YES	44	
14	0.900	93	83.7	21.0	7.90	12.6	YES	44	
15		93							Off
16	0.700	93	65.1	22.0	7.40	9.5	YES	44	
17	0.800	93	74.4	21.0	8.00	12.9	YES	44	
18	0.900	93	83.7	21.0	7.90	12.6	YES	44	
19	1.000	93	93.0	19.0	7.40	12.1	YES	44	
20		93							Off
21	0.500	93	46.5	22.0	7.50	9.7	YES	44	
22	1.100	93	102.3	19.0	7.20	11.3	YES	44	
23	0.500	93	46.5	21.0	7.20	9.2	YES	44	
24		93							Off
25	0.500	93	46.5	22.0	7.70	10.4	YES	44	
26	0.700	93	65.1	19.0	7.50	12.1	YES	44	
27		93							Off
28	0.800	93	74.4	19.0	7.60	12.7	YES	44	
29		93							Off
30	0.800	93	74.4	21.0	7.60	11.1	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 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