

OHA - DWS

Membrane Filter Monthly Operating Report

County: **Douglas**

System Name: **Wolf Creek Job Corps**

Month/Year: **Oct-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

$PDR_{Ma} = \frac{P_{psi}}{t_{min}}$

LRC [log removal]

LRC = Log Removal Credit

2.000

4.00

DIT
Daily

Day	CFE Daily Turbidity [NTU]	Highest CFE* [NTU]	Highest IFE [NTU] (>15 min duration)	Highest PDR of day [$\frac{psi}{min}$]	Lowest LRV _{ambient} of day [log removal]	[Y/N] or "off"
1	0.020	0.020	0.020	0.08	5.20	Yes
2	0.020	0.020	0.020	0.08	5.22	Yes
3	0.000	0.000	0.000	0.00		Off
4	0.000	0.000	0.000	0.00		Off
5	0.020	0.020	0.020	0.06	5.38	Yes
6	0.020	0.020	0.020	0.07	5.26	Yes
7	0.000	0.000	0.000	0.00		Off
8	0.020	0.020	0.020	0.07	5.21	Yes
9	0.020	0.020	0.020	0.07	5.19	Yes
10	0.000	0.000	0.000	0.00		Off
11	0.020	0.020	0.020	0.07	5.23	Yes
12	0.020	0.020	0.020	0.07	5.25	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	0.06	5.34	Yes
16	0.020	0.020	0.020	0.06	5.33	Yes
17	0.000	0.000	0.000	0.00		Off
18	0.000	0.000	0.000	0.00		Off
19	0.020	0.020	0.020	0.07	5.26	Yes
20	0.020	0.020	0.020	0.07	5.27	Yes
21	0.000	0.000	0.000	0.00		Off
22	0.000	0.000	0.000	0.00		Off
23	0.020	0.020	0.020	0.08	5.25	Yes
24	0.020	0.020	0.020	0.08	5.25	Yes
25	0.000	0.000	0.000	0.00		Off
26	0.020	0.020	0.020	0.08	5.22	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	0.08	5.26	Yes
30	0.020	0.020	0.020	0.05	5.43	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: *John Woody*

SIGNATURE: *John Woody*

Notes:

DATE: 11-9-24

WT CERT #: 7232

PHONE #: 541-643-637

OHA-DWS

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
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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	1.400	93	130.2	14.0	7.50	18.3	YES	44	
2	0.900	93	83.7	17.0	7.40	13.7	YES	44	
3		93							off
4		93							off
5	0.800	93	74.4	18.0	7.50	13.1	YES	44	
6	1.200	93	111.6	14.0	7.50	17.9	YES	44	
7		93							off
8	0.900	93	83.7	18.0	7.50	13.3	YES	44	
9	1.100	93	102.3	15.0	7.80	18.5	YES	44	
10		93							off
11	0.700	93	65.1	17.0	7.80	15.5	YES	44	
12	1.300	93	120.9	15.0	8.00	20.4	YES	44	
13		93							off
14		93							off
15	0.700	93	65.1	18.0	7.90	15.0	YES	44	
16	1.300	93	120.9	15.0	7.50	17.0	YES	44	
17		93							off
18		93							off
19	0.500	93	46.5	18.0	7.70	13.6	YES	44	
20	1.000	93	93.0	14.0	7.50	17.5	YES	44	
21		93							off
22		93							off
23	0.700	93	65.1	18.0	7.70	14.0	YES	44	
24	0.700	93	65.1	17.0	7.70	14.9	YES	44	
25		93							off
26	0.600	93	55.8	14.0	7.60	17.4	YES	44	
27		93							off
28		93							off
29	0.700	93	65.1	15.0	7.60	16.4	YES	44	
30	0.900	93	83.7	13.0	7.40	17.8	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

p. 2 of 2