OHA - DWS

Membrane Filter Monthly Operating Report

County: **Douglas**

System Name: **Wolf Creek Job Corps**

Month/Year: **Dec-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_{Max} [$^{psi}/_{min}$]	LRC [log removal]
2.000	4.00

Day	CFE Daily Turbidity [NTU]	Highest CFE♣ [NTU]	Highest IFE [NTU] (>15 min duration)	Highest PDR of day [$^{psi}/_{min}$]	Lowest $LRV_{ambient}$ of day [log removal]	DIT Daily [Y/N] or "off"
1	0.020	0.020	0.020	0.08	5.25	
2	0.000	0.000	0.000	0.00		Off
3	0.020	0.020	0.020	0.07	5.35	
4	0.000	0.000	0.000	0.00		Off
5	0.000	0.000	0.000	0.00		Off
6	0.020	0.020	0.020	0.06	5.38	
7	0.020	0.020	0.020	0.06	5.41	
8	0.000	0.000	0.000	0.00		Off
9	0.000	0.000	0.000	0.00		Off
10	0.020	0.020	0.020	0.06	5.37	
11	0.000	0.000	0.000	0.00		Off
12	0.000	0.000	0.000	0.00		Off
13	0.000	0.000	0.000	0.00		Off
14	0.020	0.020	0.020	0.07	5.34	
15	0.020	0.020	0.020	0.07	5.28	
16	0.000	0.000	0.000	0.00		Off
17	0.020	0.020	0.020	0.06	5.39	
18	0.020	0.020	0.020	0.06	5.33	
19	0.000	0.000	0.000	0.00		Off
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	0.06	5.34	
23	0.020	0.020	0.020	0.07	5.39	
24	0.000	0.000	0.000	0.00		Off
25	0.020	0.020	0.020	0.07	5.18	
26	0.000	0.000	0.000	0.00		Off
27	0.000	0.000	0.000	0.00		Off
28	0.020	0.020	0.020	0.07	5.32	
29	0.000	0.000	0.000	0.00		Off
30	0.000	0.000	0.000	0.00		Off
31	0.020	0.020	0.020	0.07	5.30	

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 **DATE:** 1-10-25

SIGNATURE: Jonathan Woody **WT CERT #:** 7232

Notes: **PHONE #:** 541643-6137

♣ *Used for optimization purposes only.*

Revised 7/31/2023

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

Day	Minimum Cl_2 Residual at 1st 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	1.100	93	102.3	13.0	7.30	17.6	YES	44	
2		93							off
3	1.300	93	120.9	10.0	7.50	23.8	YES	44	
4		93							off
5		93							off
6	0.600	93	55.8	12.0	7.60	20.0	YES	44	
7	1.700	93	158.1	8.0	7.50	28.5	YES	44	
8		93							off
9		93							off
10	1.000	93	93.0	11.0	7.80	23.9	YES	44	
11		93							off
12		93							off
13		93							off
14	1.100	93	102.3	11.0	7.20	19.6	YES	44	
15	1.100	93	102.3	10.0	7.50	23.2	YES	44	
16		93							off
17	1.000	93	93.0	11.0	7.20	19.4	YES	44	
18	0.800	93	74.4	12.0	7.60	20.4	YES	44	
19		93							off
20		93							off
21		93							off
22	1.200	93	111.6	12.0	7.30	19.2	YES	44	
23	1.200	93	111.6	11.0	7.30	20.5	YES	44	
24		93							off
25	0.700	93	65.1	11.0	7.20	18.7	YES	44	
26		93							off
27		93							off
28	0.700	93	65.1	12.0	7.40	18.8	YES	44	
29		93							off
30		93							off
31	1.000	93	93.0	11.0	7.30	20.1	YES	44	

♦ 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

Revised 7/31/2023