OHA - DWS

Membrane Filter Monthly Operating Report

County: **Douglas**

System Name: **Wolf Creek Job Corps** Month/Year: **Jan-2025**

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_{Max} [$^{psi}/_{min}$] | LRC [log removal] | DIT Daily

LRC = Log Removal Credit | **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]	[Y/N] or "off"
1	0.000	0.000	0.000	0.000		Off
2	0.000	0.000	0.000	0.000		Off
3	0.000	0.000	0.000	0.000		Off
4	0.000	0.000	0.000	0.000		Off
5	0.000	0.000	0.000	0.000		Off
6	0.020	0.020	0.020	0.07	5.29	
7	0.020	0.020	0.020	0.07	5.30	
8	0.000	0.000	0.000	0.000		Off
9	0.000	0.000	0.000	0.000		Off
10	0.000	0.000	0.000	0.000		Off
11	0.020	0.020	0.020	0.07	5.27	
12	0.020	0.020	0.020	0.05	5.41	
13	0.000	0.000	0.000	0.000		Off
14	0.000	0.000	0.000	0.000		Off
15	0.020	0.020	0.020	0.05	5.32	
16	0.000	0.000	0.000	0.000		Off
17	0.000	0.000	0.000	0.000		Off
18	0.000	0.000	0.000	0.000		Off
19	0.020	0.020	0.020	0.06	5.35	
20	0.000	0.000	0.000	0.000		Off
21	0.000	0.000	0.000	0.000		Off
22	0.020	0.020	0.020	0.07	5.28	
23	0.000	0.000	0.000	0.000		Off
24	0.000	0.000	0.000	0.000		Off
25	0.000	0.000	0.000	0.000		Off
26	0.020	0.020	0.020	0.07	5.31	
27	0.020	0.020	0.020	0.07	5.33	
28	0.000	0.000	0.000	0.000		Off
29	0.020	0.020	0.020	0.07	5.32	
30	0.020	0.020	0.020	0.06	5.36	
31	0.000	0.000	0.000	0.000		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 **DATE:** 2-9-25

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

Notes: **PHONE #:** 541-643-6137

♣ *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		93							off
2		93							off
3		93							off
4		93							off
5		93							off
6	0.900	93	83.7	12.0	7.40	19.2	YES	44	
7	1.500	93	139.5	10.0	7.30	22.7	YES	44	
8		93							off
9		93							off
10		93							off
11	1.000	93	93.0	11.0	7.50	21.5	YES	44	
12	1.600	93	148.8	10.0	7.40	23.8	YES	44	
13		93							off
14		93							off
15	1.300	93	120.9	10.0	7.40	23.0	YES	44	
16		93							off
17		93							off
18		93							off
19	1.200	93	111.6	11.0	7.50	22.0	YES	44	
20		93							off
21		93							off
22	1.300	93	120.9	9.0	7.30	23.7	YES	44	
23		93							off
24		93							off
25		93							off
26	1.500	93	139.5	9.0	7.50	26.0	YES	44	
27	1.700	93	158.1	4.0	7.60	38.8	YES	44	
28		93							off
29	1.400	93	130.2	11.0	7.30	21.0	YES	44	
30	1.300	93	120.9	5.0	7.60	34.6	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

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