OHA - DWS

Membrane Filter Monthly Operating Report

County: **Douglas**

System Name: **Wolf Creek Job Corps** Month/Year: **Mar-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]**

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]	DIT Daily [Y/N] or "off"
1	0.020	0.020	0.020	0.06	5.34	
2	0.020	0.020	0.020	0.07	5.34	
3	0.020	0.020	0.020	0.07	5.29	
4	0.020	0.020	0.020	0.05	5.41	
5	0.020	0.020	0.020	0.05	5.36	
6	0.020	0.020	0.020	0.07	5.24	
7	0.020	0.020	0.020	0.07	5.29	
8	0.000	0	0.000	0.00		Off
9	0.020	0.02	0.020	0.07	5.32	
10	0.000	0.000	0.000	0.000		Off
11	0.020	0.020	0.020	0.06	5.15	
12	0.020	0.020	0.020	0.07	5.30	
13	0.020	0.020	0.020	0.07	5.31	
14	0.020	0.020	0.020	0.06	5.39	
15	0.000	0.000	0.000	0.00		Off
16	0.000	0.000	0.000	0.00		Off
17	0.000	0.000	0.000	0.00		Off
18	0.020	0.020	0.020	0.06	5.33	
19	0.020	0.020	0.020	0.07	5.32	
20	0.000	0.000	0.000	0.00		Off
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	0.05	5.41	
24	0.020	0.020	0.020	0.06	5.38	
25	0.020	0.020	0.020	0.07	5.23	
26	0.020	0.020	0.020	0.07	5.33	
27	0.020	0.020	0.020	0.07	5.29	
28	0.000	0.000	0.000	0.00		Off
29	0.000	0.000	0.000	0.00		Off
30	0.030	0.030	0.030	0.07	5.34	
31	0.020	0.020	0.020	0.08	5.16	

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:** 4-8-25

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

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

Revised 7/31/2023

♠ *Used for optimization purposes only.*

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	1.000	93	93.0	12.0	7.30	18.8	YES	44	
2	1.700	93	158.1	10.0	7.60	25.8	YES	44	
3	1.300	93	120.9	10.0	7.40	23.0	YES	44	
4	0.900	93	83.7	10.0	7.50	22.7	YES	44	
5	1.200	93	111.6	10.0	7.40	22.7	YES	44	
6	1.100	93	102.3	9.0	7.80	27.7	YES	44	
7	1.100	93	102.3	9.0	7.60	25.7	YES	44	
8		93							Off
9	1.400	93	130.2	10.0	6.90	19.5	YES	44	
10		93							Off
11	1.100	93	102.3	10.0	7.50	23.2	YES	44	
12	1.400	93	130.2	10.0	7.60	24.9	YES	44	
13	1.300	93	120.9	9.0	7.60	26.3	YES	44	
14	1.000	93	93.0	10.0	7.70	24.7	YES	44	
15		93							Off
16		93							Off
17		93							Off
18	0.600	93	55.8	10.0	7.60	22.8	YES	44	
19	1.100	93	102.3	9.0	7.40	24.0	YES	44	
20		93							Off
21		93							Off
22		93							Off
23	0.500	93	46.5	11.0	7.30	19.0	YES	44	
24	1.100	93	102.3	11.0	6.90	17.7	YES	44	
25	1.200	93	111.6	10.0	7.30	21.9	YES	44	
26	1.000	93	93.0	12.0	7.20	18.2	YES	44	
27	1.200	93	111.6	10.0	7.20	21.2	YES	44	
28		93							Off
29		93							Off
30	1.200	93	111.6	11.0	7.40	21.2	YES	44	
31	1.300	93	120.9	10.0	7.50	23.8	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

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