

OHA - DWS

Membrane Filter Monthly Operating Report

System Name: **Wolf Creek Job Corps**
PWS ID#: 41 - **01095**
Plant ID: WTP - **A** (e.g., "A")

County: **Douglas**
Month/Year: **May-2025**
Minimum test pressure applied || req'd: 15 psi || 11.4 psi

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}/mi-1]
2.000

LRC [log removal]
4.00

**DIT
Daily**

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	0.00		Off
2	0.020	0.020	0.020	0.07	5.29	Yes
3	0.020	0.020	0.020	0.08	5.26	Yes
4	0.000	0.000	0.000	0.00		Off
5	0.020	0.020	0.020	0.07	5.27	Yes
6	0.020	0.020	0.020	0.07	5.30	Yes
7	0.020	0.020	0.020	0.06	5.42	Yes
8	0.000	0.000	0.000	0.00		Off
9	0.020	0.020	0.020	0.06	4.87	Yes
10	0.000	0.000	0.000	0.00		Off
11	0.000	0.000	0.000	0.00		Off
12	0.020	0.020	0.020	0.09	5.17	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	5.35	Yes
16	0.020	0.020	0.020	0.08	5.22	Yes
17	0.020	0.020	0.020	0.08	5.26	Yes
18	0.000	0.000	0.000	0.00		Off
19	0.020	0.020	0.020	0.08	5.14	Yes
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	0.08	5.17	Yes
23	0.020	0.020	0.020	0.07	5.28	Yes
24	0.000	0.000	0.000	0.00		Off
25	0.000	0.000	0.000	0.00		Off
26	0.020	0.020	0.020	0.09	5.15	Yes
27	0.020	0.020	0.020	0.07	5.27	Yes
28	0.020	0.020	0.020	0.05	5.42	Yes
29	0.000	0.000	0.000	0.00		Off
30	0.020	0.020	0.020	0.05	5.29	Yes
31	0.020	0.020	0.020	0.07	5.34	Yes

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*
SIGNATURE: *John Woody*
Notes:

DATE: *6-9-25*
WT CERT #: *7232*
PHONE #: *541-643-6137*

Disinfection Monthly Operating ReportSystem 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 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		93							off
2	0.800	93	74.4	13.0	7.30	17.0	YES	44	
3	0.700	93	65.1	14.0	7.40	16.3	YES	44	
4		93							off
5	0.700	93	65.1	13.0	7.40	17.4	YES	44	
6	1.000	93	93.0	13.0	7.40	18.0	YES	44	
7	1.000	93	93.0	14.0	7.40	16.9	YES	44	
8		93							off
9	1.400	93	130.2	13.0	7.40	18.9	YES	44	
10		93							off
11		93							off
12	1.100	93	102.3	14.0	7.40	17.1	YES	44	
13		93							off
14		93							off
15	1.200	93	111.6	13.0	7.10	16.5	YES	44	
16	0.900	93	83.7	15.0	7.10	14.0	YES	44	
17	1.100	93	102.3	13.0	7.10	16.3	YES	44	
18		93							off
19	0.700	93	65.1	14.0	7.30	15.7	YES	44	
20		93							off
21		93							off
22	0.600	93	55.8	14.0	7.40	16.1	YES	44	
23	0.900	93	83.7	14.0	7.30	16.1	YES	44	
24		93							off
25		93							off
26	0.600	93	55.8	14.0	7.40	16.1	YES	44	
27	0.700	93	65.1	16.0	7.40	14.3	YES	44	
28	1.100	93	102.3	17.0	7.30	13.5	YES	44	
29		93							off
30	0.600	93	55.8	15.0	7.10	13.5	YES	44	
31	0.800	93	74.4	17.0	7.50	14.0	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

p. 2 of 2