

OHA - DWS

Membrane Filter Monthly Operating Report

County: **Douglas**

System Name: **Wolf Creek Job Corps**

Month/Year: **Jul-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

LRC = Log Removal Credit

PDR_{Max} [psi/min]

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	0.020	0.020	0.020	0.06	5.36	Yes
2	0.020	0.020	0.020	0.06	5.31	Yes
3	0.020	0.020	0.020	0.07	5.24	Yes
4	0.020	0.020	0.020	0.07	5.00	Yes
5	0.000	0.000	0.000	0.00		off
6	0.000	0.000	0.000	0.00		off
7	0.020	0.020	0.020	0.08	5.15	Yes
8	0.020	0.020	0.020	0.06	5.31	Yes
9	0.020	0.020	0.020	0.06	5.32	Yes
10	0.000	0.000	0.000	0.000		off
11	0.020	0.020	0.020	0.06	5.20	Yes
12	0.020	0.020	0.020	0.06	5.24	Yes
13	0.000	0.000	0.000	0.00		off
14	0.020	0.020	0.020	0.07	5.12	Yes
15	0.020	0.020	0.020	0.06	5.29	Yes
16	0.020	0.020	0.020	0.06	5.27	Yes
17	0.020	0.020	0.020	0.07	5.23	Yes
18	0.020	0.020	0.020	0.07	5.16	Yes
19	0.020	0.020	0.020	0.08	5.21	Yes
20	0.020	0.020	0.020	0.07	5.20	Yes
21	0.020	0.020	0.020	0.07	5.26	Yes
22	0.020	0.020	0.020	0.08	5.13	Yes
23	0.020	0.020	0.020	0.08	5.21	Yes
24	0.000	0.000	0.000	0.00		off
25	0.020	0.020	0.020	0.06	5.34	Yes
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	5.20	Yes
29	0.020	0.020	0.020	0.08	5.11	Yes
30	0.020	0.020	0.020	0.08	5.11	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: 8-8-25

WT CERT #: 7232

PHONE #: 541-643-6137

p. 1 of 2

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	0.800	93	74.4	22.0	8.00	12.1	YES	44	
2	0.800	93	74.4	21.0	8.10	13.4	YES	44	
3	0.800	93	74.4	20.0	8.00	13.8	YES	44	
4	0.900	93	83.7	21.0	7.70	11.7	YES	44	
5		93							off
6		93							off
7	0.900	93	83.7	19.0	7.40	11.9	YES	44	
8	1.200	93	111.6	21.0	7.40	10.8	YES	44	
9	0.600	93	55.8	21.0	7.40	10.1	YES	44	
10		93							off
11	0.700	93	65.1	20.0	8.00	13.7	YES	44	
12	0.800	93	74.4	23.0	8.20	12.2	YES	44	
13		93							off
14	0.700	93	65.1	21.0	7.50	10.6	YES	44	
15	1.100	93	102.3	22.0	7.50	10.4	YES	44	
16	0.700	93	65.1	22.0	7.30	9.2	YES	44	
17	0.600	93	55.8	23.0	7.70	9.9	YES	44	
18	1.600	93	148.8	23.0	8.00	12.4	YES	44	
19	1.200	93	111.6	23.0	8.00	11.8	YES	44	
20	1.100	93	102.3	22.0	7.70	11.2	YES	44	
21	1.100	93	102.3	21.0	7.50	11.1	YES	44	
22	0.900	93	83.7	22.0	8.30	13.7	YES	44	
23	0.900	93	83.7	22.0	7.90	11.8	YES	44	
24		93							off
25	0.700	93	65.1	23.0	8.20	12.0	YES	44	
26		93							off
27		93							off
28	0.600	93	55.8	21.0	7.70	11.3	YES	44	
29	1.100	93	102.3	21.0	7.60	11.5	YES	44	
30	0.700	93	65.1	22.0	7.50	9.9	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