

OHA - DWS

Membrane Filter Monthly Operating Report

System Name: **Wolf Creek Job Corps**

County: **Douglas**

Month/Year: **Oct-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

Day	CFE Daily Turbidity [NTU]	Highest CFE* [NTU]	Highest IFE [NTU] (>15 min duration)	PDR _{Max} [^{psi} /min]	LRC [log removal]	DIT Daily [Y/N] or "off"
				2.000	4.00	
1	0.000	0	0.000	0.00		off
2	0.020	0.020	0.020	0.07	5.27	Yes
3	0.020	0.020	0.020	0.08	5.16	Yes
4	0.000	0	0.000	0.00		off
5	0.020	0.020	0.020	0.08	5.10	Yes
6	0.020	0.020	0.020	0.08	5.23	Yes
7	0.000	0	0.000	0.00		off
8	0.020	0.020	0.020	0.09	5.15	Yes
9	0.020	0.020	0.020	0.09	5.12	Yes
10	0.000	0	0.000	0.00		off
11	0.020	0.020	0.020	0.09	5.05	Yes
12	0.000	0	0.000	0.00		off
13	0.000	0	0.000	0.00		off
14	0.020	0.020	0.020	0.07	5.25	Yes
15	0.020	0.020	0.020	0.11	5.07	Yes
16	0.020	0.020	0.020	0.11	5.03	Yes
17	0.020	0.020	0.020	0.07	5.16	Yes
18	0.000	0	0.000	0.00		off
19	0.020	0.020	0.020	0.07	5.27	Yes
20	0.020	0.020	0.020	0.07	5.24	Yes
21	0.020	0.020	0.020	0.09	5.09	Yes
22	0.020	0.020	0.020	0.09	5.17	Yes
23	0.020	0.020	0.020	0.05	5.38	Yes
24	0.020	0.020	0.020	0.05	5.34	Yes
25	0.020	0.020	0.020	0.08	5.21	Yes
26	0.020	0.020	0.020	0.08	5.21	Yes
27	0.020	0.020	0.020	0.08	5.06	Yes
28	0.020	0.020	0.020	0.08	5.18	Yes
29	0.020	0.020	0.020	0.08	5.10	Yes
30	0.020	0.020	0.020	0.08	5.16	Yes
31	0.020	0.020	0.020	0.08	5.15	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: *John Woody*

SIGNATURE: *John Woody*

Notes:

DATE: 11-7-25

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		93							off
2	0.700	93	65.1	18.0	7.70	14.0	YES	44	
3	1.600	93	148.8	16.0	7.40	15.8	YES	44	
4		93							off
5	1.300	93	120.9	18.0	8.00	16.7	YES	44	
6	1.800	93	167.4	14.0	7.30	17.8	YES	44	
7		93							off
8	1.200	93	111.6	17.0	7.40	14.1	YES	44	
9	1.700	93	158.1	13.0	7.40	19.5	YES	44	
10		93							off
11	1.400	93	130.2	16.0	7.90	18.6	YES	44	
12		93							off
13		93							off
14	0.700	93	65.1	16.0	7.50	14.8	YES	44	
15	0.500	93	46.5	14.0	7.50	16.6	YES	44	
16	0.800	93	74.4	13.0	7.30	17.0	YES	44	
17	0.800	93	74.4	13.0	7.30	17.0	YES	44	
18		93							off
19	0.600	93	55.8	15.0	7.90	18.2	YES	44	
20	1.400	93	130.2	13.0	7.30	18.2	YES	44	
21	0.600	93	55.8	15.0	7.20	14.0	YES	44	
22	0.600	93	55.8	15.0	7.50	15.7	YES	44	
23	0.800	93	74.4	13.0	7.20	16.4	YES	44	
24	1.100	93	102.3	13.0	7.40	18.3	YES	44	
25	0.800	93	74.4	13.0	7.30	17.0	YES	44	
26	1.200	93	111.6	13.0	7.40	18.5	YES	44	
27	1.400	93	130.2	13.0	7.30	18.2	YES	44	
28	0.700	93	65.1	14.0	7.30	15.7	YES	44	
29	0.900	93	83.7	14.0	7.40	16.7	YES	44	
30	1.500	93	139.5	13.0	7.40	19.1	YES	44	
31	1.500	93	139.5	13.0	7.30	18.4	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