

OHA - DWS

Membrane Filter Monthly Operating Report

County: **Douglas**

System Name: **Wolf Creek Job Corps**

Month/Year: **Nov-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
				2.000	4.00	
1	0.020	0.020	0.020	0.08	5.22	Yes
2	0.000	0.000	0.000	0.00		off
3	0.020	0.020	0.020	0.08	5.24	Yes
4	0.020	0.020	0.020	0.07	5.25	Yes
5	0.020	0.020	0.020	0.07	5.27	Yes
6	0.020	0.020	0.020	0.07	5.19	Yes
7	0.020	0.020	0.020	0.10	5.01	Yes
8	0.020	0.020	0.020	0.01	5.13	Yes
9	0.020	0.020	0.020	0.01	5.14	Yes
10	0.020	0.020	0.020	0.07	5.30	Yes
11	0.020	0.020	0.020	0.07	5.33	Yes
12	0.020	0.020	0.020	0.07	5.30	Yes
13	0.020	0.020	0.020	0.07	5.26	Yes
14	0.020	0.020	0.020	0.09	5.17	Yes
15	0.020	0.020	0.020	0.09	5.18	Yes
16	0.020	0.020	0.020	0.09	5.18	Yes
17	0.020	0.020	0.020	0.05	5.39	Yes
18	0.020	0.020	0.020	0.05	5.36	Yes
19	0.020	0.020	0.020	0.06	5.34	Yes
20	0.020	0.020	0.020	0.06	5.34	Yes
21	0.020	0.020	0.020	0.07	5.23	Yes
22	0.020	0.020	0.020	0.07	5.31	Yes
23	0.000	0.000	0.000	0.00		off
24	0.020	0.020	0.020	0.08	5.20	Yes
25	0.000	0.000	0.000	0.00		off
26	0.020	0.020	0.020	0.07	5.12	Yes
27	0.000	0.000	0.000	0.00		off
28	0.020	0.020	0.020	0.07	5.27	Yes
29	0.000	0.000	0.000	0.00		off
30	0.020	0.020	0.020	0.07	5.33	Yes
31						

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: **12-8-25**
 WT CERT #: **7232**
 PHONE #: **541-643-6137**

♣ Used for optimization purposes only.

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 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	1.800	93	167.4	14.0	7.40	18.5	YES	44	
2		93							off
3	0.700	93	65.1	14.0	7.30	15.7	YES	44	
4	0.600	93	55.8	15.0	7.40	15.1	YES	44	
5	1.200	93	111.6	14.0	7.30	16.6	YES	44	
6	0.600	93	55.8	14.0	7.40	16.1	YES	44	
7	0.900	93	83.7	16.0	7.20	13.6	YES	44	
8	0.600	93	55.8	14.0	7.30	15.5	YES	44	
9	0.600	93	55.8	13.0	7.50	17.9	YES	44	
10	0.500	93	46.5	14.0	7.50	16.6	YES	44	
11	0.500	93	46.5	12.0	7.30	17.8	YES	44	
12	0.900	93	83.7	14.0	7.30	16.1	YES	44	
13	0.900	93	83.7	13.0	7.40	17.8	YES	44	
14	1.200	93	111.6	17.0	7.20	13.1	YES	44	
15	0.800	93	74.4	15.0	7.30	14.9	YES	44	
16	1.100	93	102.3	13.0	7.50	18.9	YES	44	
17	1.200	93	111.6	13.0	7.60	19.9	YES	44	
18	0.900	93	83.7	14.0	7.30	16.1	YES	44	
19	0.900	93	83.7	13.0	7.60	19.2	YES	44	
20	0.900	93	83.7	12.0	7.40	19.2	YES	44	
21	0.700	93	65.1	11.0	7.50	20.8	YES	44	
22	0.900	93	83.7	12.0	7.40	19.2	YES	44	
23		93							off
24	0.700	93	65.1	11.0	7.30	19.4	YES	44	
25		93							off
26	0.700	93	65.1	12.0	7.10	17.0	YES	44	
27		93							off
28	0.700	93	65.1	12.0	7.20	17.6	YES	44	
29		93							off
30	0.700	93	65.1	13.0	7.80	20.2	YES	44	
31		93							

* 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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