

Membrane Filter Monthly Operating Report

County: Linn

System Name: ALBANY, CITY OF

PWS ID # 41-00012

PlantID: WTP-B

Month/Year: 5/2024

Minimum test pressure (applied || req'd): 15.1 psi || 11.4 psi

Day	CFE Daily Turbidity [NTU]	Highest CFE [NTU]	Highest IFE [NTU]	Highest PDR of the day [psi/min]	Lowest LRV of the day [log removal]	DIT Daily [Yes/No or Off]
1	0.019	0.020	0.065	0.24	4.45	Y
2	0.019	0.020	0.067	0.25	4.39	Y
3	0.019	0.020	0.070	0.24	4.38	Y
4	0.019	0.020	0.082	0.27	4.34	Y
5	0.019	0.020	0.076	0.28	4.32	Y
6	0.019	0.020	0.076	0.27	4.31	Y
7	0.019	0.020	0.078	0.27	4.28	Y
8	0.019	0.020	0.085	0.27	4.22	Y
9	0.019	0.020	0.089	0.36	4.30	Y
10	0.019	0.019	0.078	0.32	4.43	Y
11	0.019	0.020	0.046	1.02	4.16	Y
12	0.019	0.020	0.025	0.29	4.45	Y
13	0.019	0.020	0.025	0.28	4.47	Y
14	0.019	0.020	0.025	0.32	4.48	Y
15	0.019	0.020	0.025	0.31	4.47	Y
16	0.019	0.020	0.025	0.31	4.47	Y
17	0.019	0.020	0.032	0.32	4.47	Y
18	0.019	0.020	0.032	0.47	4.33	Y
19	0.019	0.020	0.031	0.31	4.32	Y
20	0.019	0.020	0.028	0.30	4.46	Y
21	0.019	0.020	0.054	0.28	4.51	Y
22	0.019	0.020	0.051	0.27	4.47	Y
23	0.019	0.020	0.039	0.28	4.50	Y
24	0.019	0.020	0.041	0.28	4.51	Y
25	0.019	0.020	0.039	0.28	4.51	Y
26	0.019	0.020	0.039	0.28	4.50	Y
27	0.019	0.020	0.037	0.27	4.50	Y
28	0.019	0.020	0.039	0.29	4.46	Y
29	0.019	0.020	0.037	0.26	4.47	Y
30	0.019	0.020	0.037	0.27	4.50	Y
31	0.019	0.020	0.039	0.99	4.14	Y

Compliance summary (operator to complete any blank fields)				
95% of daily turbidity readings ≤ 1 NTU? <input checked="" type="checkbox"/> / <input type="checkbox"/> N	All turbidity readings ≤ 5 NTU? <input checked="" type="checkbox"/> / <input type="checkbox"/> N	All IFE turbidity readings ≤ 0.15 NTU? <input checked="" type="checkbox"/> / <input type="checkbox"/> N	Performance std met? (PDR ≤ PDRMax, LRV ≥ LRC) <input checked="" type="checkbox"/> / <input type="checkbox"/> N	DIT Daily? <input checked="" type="checkbox"/> / <input type="checkbox"/> N
CT's met daily? <input checked="" type="checkbox"/> / <input type="checkbox"/> N	All Cl2 residual at EP ≥ 0.2 mg/L? <input checked="" type="checkbox"/> / <input type="checkbox"/> N	PDR ≤ PDRMax (0.7 psi/min)? <input checked="" type="checkbox"/> / <input type="checkbox"/> N	LRVambient ≥ LRC (4.00)? <input checked="" type="checkbox"/> / <input type="checkbox"/> N	
PRINT NAME: <i>Chris Germond</i>		DATE: <i>6/7/2024</i>		
SIGNATURE: <i>Chris Germond</i>		WT CERT #: <i>T-08682</i>		
NOTES:		PHONE #: <i>541-269-2309</i>		

OHA - Drinking Water Program - Turbidity Monitoring Report Form County: Linn
Slow Sand, Membrane, Diatomaceous Earth Filtration, or Unfiltered Systems

System Name: ALBANY, CITY OF ID #: OR4100012 WTP-:WTP-B

Month/Year: 5/2024

DAY	12 AM	4 AM	8 AM	NOON	4 PM	8 PM	Highest Reading of the Day (1)
	[NTU]	[NTU]	[NTU]	[NTU]	[NTU]	[NTU]	[NTU]
1	0.02	0.02	0.02	0.02	0.02	0.02	0.02
2	0.02	0.02	0.02	0.02	0.02	0.02	0.02
3	0.02	0.02	0.02	0.02	0.02	0.02	0.02
4	0.02	0.02	0.02	0.02	0.02	0.02	0.02
5	0.02	0.02	0.02	0.02	0.02	0.02	0.02
6	0.02	0.02	0.02	0.02	0.02	0.02	0.02
7	0.02	0.02	0.02	0.02	0.02	0.02	0.02
8	0.02	0.02	0.02	0.02	0.02	0.02	0.02
9	0.02	0.02	0.02	0.02	0.02	0.02	0.02
10	0.02	0.02	0.02	0.02	0.02	0.02	0.02
11	0.02	0.02	0.02	0.02	0.02	0.02	0.02
12	0.02	0.02	0.02	0.02	0.02	0.02	0.02
13	0.02	0.02	0.02	0.02	0.02	0.02	0.02
14	0.02	0.02	0.02	0.02	0.02	0.02	0.02
15	0.02	0.02	0.02	0.02	0.02	0.02	0.02
16	0.02	0.02	0.02	0.02	0.02	0.02	0.02
17	0.02	0.02	0.02	0.02	0.02	0.02	0.02
18	0.02	0.02	0.02	0.02	0.02	0.02	0.02
19	0.02	0.02	0.02	0.02	0.02	0.02	0.02
20	0.02	0.02	0.02	0.02	0.02	0.02	0.02
21	0.02	0.02	0.02	0.02	0.02	0.02	0.02
22	0.02	0.02	0.02	0.02	0.02	0.02	0.02
23	0.02	0.02	0.02	0.02	0.02	0.02	0.02
24	0.02	0.02	0.02	0.02	0.02	0.02	0.02
25	0.02	0.02	0.02	0.02	0.02	0.02	0.02
26	0.02	0.02	0.02	0.02	0.02	0.02	0.02
27	0.02	0.02	0.02	0.02	0.02	0.02	0.02
28	0.02	0.02	0.02	0.02	0.02	0.02	0.02
29	0.02	0.02	0.02	0.02	0.02	0.02	0.02
30	0.02	0.02	0.02	0.02	0.02	0.02	0.02
31	0.02	0.02	0.02	0.02	0.02	0.02	0.02

Membrane Filtration	Monthly Summary (Answer Yes or No)	
95% of turbidity readings <= 1 NTU? (2) <input checked="" type="radio"/> Yes / <input type="radio"/> No	CT's met everyday? <input checked="" type="radio"/> Yes / <input type="radio"/> No	All CL2 residuals at entry point >= 0.2 mg/l? <input checked="" type="radio"/> Yes / <input type="radio"/> No
All daily turbidity readings <= 5 NTU? <input checked="" type="radio"/> Yes / <input type="radio"/> No		
Notes:	PRINTED NAME: Chris Germond	
	SIGNATURE: <i>Chris Germond</i>	DATE: 6/7/2024
	PHONE #: 541-204-2309	CERT #: T-08682

(1) Including continuous turbidity data, if applicable, for optimization recording purposes. Compliance values in columns "12 AM" through "8 PM" may not correspond to continuous readings' maximum. (2) Filtered systems only.

OHA - Drinking Water Program - Surface Water Quality Data Form

System Name: ALBANY, CITY OF **ID #:** OR4100012 **WTP-:**WTP-B **Month/Year:** 5/2024

Date / Time	Minimum CL2 Residual @ 1st User (C) (1)	Contact Time (T)	Actual CT	Temp.	pH	Reqd. CT	CT Met? (1)	Peak Hourly Demand Flow (2)
	[ppm or mg/L]	[minutes]	C x T	[°C]		Use tables	Yes / No	[GPM]
1	1.02	155.0	158.1	9.4	8.17	30.6	Y	8,512
2	1.01	171.9	173.6	10.0	8.15	29.1	Y	7,698
3	0.95	171.9	163.3	10.0	8.10	28.3	Y	7,609
4	0.89	152.5	135.7	10.4	8.19	28.2	Y	7,802
5	0.79	142.6	112.7	9.6	8.02	27.8	Y	8,508
6	1.00	147.1	147.1	9.3	8.04	29.3	Y	7,953
7	1.05	164.2	172.4	9.1	8.12	30.7	Y	8,099
8	1.04	215.1	223.7	9.0	8.14	31.0	Y	6,429
9	1.02	174.6	178.1	9.7	8.12	29.4	Y	6,501
10	0.99	167.7	166.0	11.1	8.08	26.2	Y	6,687
11	1.01	153.1	154.6	12.3	8.07	24.2	Y	7,963
12	1.03	152.0	156.6	12.7	8.06	23.5	Y	7,938
13	1.00	152.1	152.1	12.7	8.09	23.7	Y	7,839
14	0.98	136.5	133.8	12.8	8.13	23.9	Y	8,431
15	0.93	162.0	150.7	14.1	8.08	21.4	Y	7,284
16	0.94	153.8	144.6	15.0	8.04	19.9	Y	8,017
17	0.96	193.7	186.0	15.2	8.05	19.7	Y	6,828
18	0.97	195.9	190.0	14.2	8.13	21.7	Y	6,286
19	1.03	134.0	138.0	13.2	8.15	23.6	Y	9,797
20	1.06	148.9	157.8	13.0	8.17	24.2	Y	7,807
21	1.04	167.9	174.6	13.5	8.21	23.7	Y	7,355
22	1.04	152.4	158.5	12.8	8.21	24.7	Y	7,312
23	0.99	171.1	169.4	12.4	8.26	25.7	Y	7,439
24	0.98	173.5	170.0	12.8	8.19	24.3	Y	6,569
25	0.97	154.5	149.9	13.0	8.20	24.2	Y	8,359
26	1.00	160.5	160.5	12.3	8.30	26.2	Y	7,342
27	0.98	140.9	138.1	13.5	8.25	23.7	Y	7,997
28	0.95	129.2	122.7	13.4	8.30	24.4	Y	8,389
29	1.06	165.6	175.5	12.4	8.41	27.2	Y	7,765
30	0.98	193.3	189.4	12.7	8.33	25.9	Y	7,703
31	0.99	165.3	163.6	13.6	8.27	23.9	Y	7,636

Signature: Chris Germond

Date: 6/7/2024

Print Name: Chris Germond

Cert #: T-08682

(1) If Cl2 at entry point < 0.2 mg/l, OR CT not met, notify DWP by end of next business day.
 (2) Prior to 11/2014, Peak Instantaneous Demand Flow is used.

Department of Human Services - Drinking Water Section

Membrane Integrity Report Form

Public Water System Name: Albany

PWS ID#: 41 00012 B

Month/Year:

5/ 2024

Albany/Millersburg Water Plant

Date	Membrane 1	Membrane 2	Membrane 3	Membrane 4
05/01/24	Pass	Pass	Pass	Pass
05/02/24	Pass	Pass	Pass	Pass
05/03/24	Pass	Pass	Pass	Pass
05/04/24	Pass	Pass	Pass	Pass
05/05/24	Pass	Pass	Pass	Pass
05/06/24	Pass	Pass	Pass	Pass
05/07/24	Pass	Pass	Pass	Pass
05/08/24	Pass	Pass	Pass	Pass
05/09/24	Pass	Pass	Pass	Pass
05/10/24	Pass	Pass	Pass	Pass
05/11/24	Pass	Pass	Pass	Pass
05/12/24	Pass	Pass	Pass	Pass
05/13/24	Pass	Pass	Pass	Pass
05/14/24	Pass	Pass	Pass	Pass
05/15/24	Pass	Pass	Pass	Pass
05/16/24	Pass	Pass	Pass	Pass
05/17/24	Pass	Pass	Pass	Pass
05/18/24	Pass	Pass	Pass	Pass
05/19/24	Pass	Pass	Pass	Pass
05/20/24	Pass	Pass	Pass	Pass
05/21/24	Pass	Pass	Pass	Pass
05/22/24	Pass	Pass	Pass	Pass
05/23/24	Pass	Pass	Pass	Pass
05/24/24	Pass	Pass	Pass	Pass
05/25/24	Pass	Pass	Pass	Pass
05/26/24	Pass	Pass	Pass	Pass
05/27/24	Pass	Pass	Pass	Pass
05/28/24	Pass	Pass	Pass	Pass
05/29/24	Pass	Pass	Pass	Pass
05/30/24	Pass	Pass	Pass	Pass
05/31/24	Pass	Pass	Pass	Pass

Signature: Chris Germond

Date: 6/7/2024

Print Name: Chris Germond

Cert. #: T-08682