

Membrane Filter Monthly Operating Report

County: Linn

System Name: ALBANY, CITY OF

PWS ID # 41-00012

PlantID: WTP-B

Month/Year: 9/2024

Minimum test pressure (applied || req'd): 15.7 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	0.034	0.035	0.074	0.41	4.41	Y
2	0.035	0.035	0.024	0.29	4.40	Y
3	0.035	0.035	0.026	0.30	4.34	Y
4	0.035	0.037	0.025	0.28	4.39	Y
5	0.035	0.037	0.026	0.29	4.37	Y
6	0.035	0.037	0.029	0.29	4.39	Y
7	0.036	0.037	0.024	0.29	4.38	Y
8	0.036	0.037	0.028	0.30	4.40	Y
9	0.041	0.038	0.024	0.29	4.38	Y
10	0.037	0.048	0.028	0.30	4.35	Y
11	0.037	0.050	0.046	0.39	4.36	Y
12	0.037	0.050	0.026	0.34	4.35	Y
13	0.037	0.037	0.024	0.33	4.41	Y
14	0.037	0.037	0.028	0.32	4.42	Y
15	0.037	0.059	0.024	0.33	4.40	Y
16	0.030	0.082	0.028	0.32	4.36	Y
17	0.013	0.015	0.024	0.33	4.37	Y
18	0.013	0.015	0.030	0.34	4.36	Y
19	0.013	0.015	0.031	0.35	4.39	Y
20	0.013	0.013	0.028	0.33	4.39	Y
21	0.013	0.015	0.022	0.32	4.37	Y
22	0.013	0.015	0.028	0.32	4.32	Y
23	0.013	0.015	0.026	0.31	4.37	Y
24	0.013	0.015	0.032	0.31	4.34	Y
25	0.013	0.015	0.028	0.39	4.36	Y
26	0.014	0.045	0.028	0.36	4.36	Y
27	0.012	0.015	0.068	0.36	4.38	Y
28	0.012	0.013	0.035	0.35	4.31	Y
29	0.013	0.015	0.024	0.34	4.33	Y
30	0.012	0.013	0.047	0.34	4.36	Y

Compliance summary (operator to complete any blank fields)				
95% of daily turbidity readings ≤ 1 NTU? <input checked="" type="checkbox"/> Y / <input type="checkbox"/> N	All turbidity readings ≤ 5 NTU? <input checked="" type="checkbox"/> Y / <input type="checkbox"/> N	All IFE turbidity readings ≤ 0.15 NTU? <input checked="" type="checkbox"/> Y / <input type="checkbox"/> N	Performance std met? (PDR ≤ PDR _{Max} , LRV ≥ LRC) <input checked="" type="checkbox"/> Y / <input type="checkbox"/> N	DIT Daily? <input checked="" type="checkbox"/> Y / <input type="checkbox"/> N
CT's met daily? <input checked="" type="checkbox"/> Y / <input type="checkbox"/> N	All Cl ₂ residual at EP ≥ 0.2 mg/L? <input checked="" type="checkbox"/> Y / <input type="checkbox"/> N	PDR ≤ PDR _{Max} (0.7 psi/min)? <input checked="" type="checkbox"/> Y / <input type="checkbox"/> N	LRV _{ambient} ≥ LRC (4.00)? <input checked="" type="checkbox"/> Y / <input type="checkbox"/> N	
PRINT NAME: <i>Chris Germond</i>		DATE: <i>10/3/24</i>		
SIGNATURE: <i>Chris Germond</i>		WT CERT #: <i>T-08682</i>		
NOTES:		PHONE #: <i>541-704-2309</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: 9/2024

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	0.03	0.03	0.03	0.03	0.03	0.03	0.03
2	0.03	0.04	0.04	0.04	0.04	0.03	0.04
3	0.03	Plant Off	0.04	0.04	0.04	0.04	0.04
4	0.04	0.04	0.04	0.04	0.04	0.04	0.04
5	0.04	0.04	0.04	0.04	0.04	0.04	0.04
6	0.04	0.04	0.04	0.04	0.04	0.04	0.04
7	0.04	0.04	0.04	0.04	0.04	0.04	0.04
8	0.04	0.04	0.04	0.04	0.04	0.04	0.04
9	0.04	0.04	0.04	0.04	0.04	0.04	0.04
10	0.04	0.04	0.04	0.04	0.04	0.04	0.04
11	0.04	0.04	0.04	0.04	0.04	0.04	0.04
12	0.04	0.04	0.04	0.04	0.04	0.04	0.04
13	0.04	0.04	0.04	0.04	0.04	0.04	0.04
14	0.04	0.04	0.04	0.04	0.04	0.04	0.04
15	0.04	0.04	0.04	0.04	0.04	0.04	0.04
16	0.04	0.04	0.04	0.04	0.02	0.02	0.04
17	0.01	0.01	0.01	0.01	0.01	0.01	0.01
18	0.01	0.01	0.01	0.01	0.01	0.01	0.01
19	0.01	0.01	0.01	0.01	0.01	0.01	0.01
20	0.01	0.01	0.01	0.01	0.01	0.01	0.01
21	0.01	0.01	0.01	0.01	0.01	0.01	0.01
22	0.01	0.01	0.01	0.01	0.01	0.01	0.01
23	0.01	0.01	0.01	0.01	0.01	0.01	0.01
24	0.01	0.01	0.01	0.01	Plant Off	0.01	0.01
25	0.01	0.01	0.01	0.01	0.01	0.01	0.01
26	0.01	0.01	0.01	0.01	0.01	0.01	0.01
27	0.01	0.01	Plant Off	Plant Off	Plant Off	0.01	0.01
28	0.01	0.01	0.01	0.01	0.01	0.01	0.01
29	0.01	0.01	0.01	0.01	0.01	0.01	0.01
30	0.01	0.01	0.01	0.01	0.01	0.01	0.01

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?	All CL2 residuals at entry point >= 0.2 mg/l?
All daily turbidity readings <= 5 NTU?	<input checked="" type="radio"/> Yes / <input type="radio"/> No	<input checked="" type="radio"/> Yes / <input type="radio"/> No	<input checked="" type="radio"/> Yes / <input type="radio"/> No
Notes:	PRINTED NAME: <i>Chris Germond</i>		
	SIGNATURE: <i>Chris Germond</i>		DATE: <i>10/3/24</i>
	PHONE #: <i>541-764-2309</i>		CERT #: <i>T-08682</i>

(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: 9/2024**

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	1.20	161.0	193.2	15.5	8.17	20.8	Y	8,632
2	1.11	167.8	186.3	14.0	8.19	22.9	Y	8,191
3	1.20	155.7	186.8	13.2	8.19	24.3	Y	8,779
4	1.31	151.6	198.6	14.4	8.16	22.5	Y	8,672
5	1.26	158.9	200.2	14.5	8.11	21.9	Y	8,458
6	1.11	158.9	176.4	14.5	8.09	21.3	Y	8,441
7	0.93	167.7	156.0	14.1	8.09	21.4	Y	8,002
8	0.95	155.6	147.8	14.0	8.08	21.5	Y	8,821
9	0.93	155.4	144.5	14.1	8.07	21.4	Y	8,551
10	0.98	165.0	161.7	14.2	8.06	21.3	Y	8,540
11	0.99	156.9	155.3	13.6	8.07	22.2	Y	8,027
12	1.05	166.3	174.6	13.0	8.13	23.7	Y	8,045
13	0.99	163.3	161.7	12.8	8.09	23.5	Y	7,800
14	1.00	167.0	167.0	13.7	8.07	22.0	Y	7,584
15	0.92	165.4	152.2	13.7	8.07	21.9	Y	9,332
16	0.89	171.3	152.5	13.1	8.13	23.2	Y	7,924
17	0.92	166.3	153.0	12.6	8.16	24.3	Y	7,920
18	0.95	166.2	157.9	12.6	8.09	23.7	Y	8,823
19	0.95	166.6	158.3	12.8	8.09	23.4	Y	7,625
20	0.93	164.8	153.3	12.9	8.11	23.4	Y	7,843
21	1.11	167.0	185.4	12.4	8.13	24.7	Y	8,067
22	1.08	149.9	161.9	12.7	8.12	24.3	Y	9,585
23	1.04	160.7	167.1	13.2	8.12	23.4	Y	7,935
24	1.00	165.2	165.2	13.4	8.10	22.7	Y	8,170
25	0.95	171.9	163.3	13.0	8.11	23.4	Y	7,349
26	1.02	166.3	169.6	12.4	8.11	24.4	Y	7,278
27	0.98	169.3	165.9	14.0	8.12	22.0	Y	7,526
28	1.02	151.7	154.7	13.5	8.03	22.0	Y	7,900
29	1.02	147.5	150.5	13.4	8.06	22.5	Y	8,514
30	1.07	163.3	174.7	12.6	8.12	24.4	Y	7,479

Signature: Chris Germond Date: 10/4/24
 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:

9/ 2024

Albany/Millersburg Water Plant

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

Signature: Chris Germond

Date: 10/3/24

Print Name: Chris Germond

Cert. #: T-08682