

Membrane Filter Monthly Operating Report

County: Linn

System Name: ALBANY, CITY OF

PWS ID # 41-00012

PlantID: WTP-B

Month/Year: 11/2024

Minimum test pressure (applied || req'd): 15.5 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	0.013	0.015	0.030	0.49	4.38	Y
2	0.013	0.013	0.030	0.51	4.27	Y
3	0.013	0.015	0.028	0.48	4.34	Y
4	0.013	0.015	0.026	0.48	4.32	Y
5	0.014	0.019	0.028	0.49	4.33	Y
6	0.014	0.018	0.048	0.49	4.24	Y
7	0.017	0.015	0.033	0.49	4.25	Y
8	0.014	0.015	0.035	0.49	4.18	Y
9	0.013	0.015	0.030	0.48	4.30	Y
10	0.014	0.019	0.032	0.47	4.30	Y
11	0.012	0.015	0.030	0.47	4.26	Y
12	0.013	0.015	0.032	0.47	4.17	Y
13	0.013	0.018	0.032	0.47	4.29	Y
14	0.014	0.018	0.032	0.48	4.25	Y
15	0.014	0.018	0.032	0.47	4.19	Y
16	0.017	0.019	0.028	0.48	4.09	Y
17	0.016	0.020	0.030	0.49	4.28	Y
18	0.013	0.017	0.032	0.47	4.20	Y
19	0.014	0.019	0.035	0.47	4.31	Y
20	0.014	0.017	0.033	0.48	4.26	Y
21	0.014	0.017	0.030	0.47	4.16	Y
22	0.026	0.015	0.032	0.48	4.17	Y
23	0.012	0.015	0.030	0.47	4.33	Y
24	0.013	0.015	0.028	0.47	4.22	Y
25	0.012	0.015	0.028	0.46	4.37	Y
26	0.012	0.015	0.028	0.47	4.14	Y
27	0.012	0.013	0.030	0.47	4.40	Y
28	0.012	0.015	0.030	0.47	4.23	Y
29	0.012	0.013	0.033	0.46	4.38	Y
30	0.013	0.015	0.030	0.47	4.37	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>12/9/24</i>		
SIGNATURE: <i>Chris Germond</i>		WT CERT #: <i>7-08682</i>		
NOTES:		PHONE #: <i>547-704-2309</i>		

OHA - Drinking Water Program - Surface Water Quality Data Form

System Name: ALBANY, CITY OF ID #: OR4100012 WTP:-WTP-B Month/Year: 11/2024

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	0.93	159.0	147.9	12.7	8.05	23.1	Y	9,230
2	0.80	186.8	149.4	12.7	8.01	22.6	Y	8,508
3	0.83	163.8	136.0	12.1	7.99	23.3	Y	7,231
4	1.02	157.3	160.4	11.6	8.00	24.7	Y	7,693
5	1.01	162.5	164.1	11.2	8.00	25.5	Y	7,033
6	1.00	150.5	150.5	10.7	8.03	26.5	Y	7,924
7	1.03	165.5	170.5	9.9	8.04	28.1	Y	7,926
8	1.02	145.7	148.6	10.0	8.05	28.0	Y	8,266
9	1.05	164.1	172.3	10.3	8.04	27.4	Y	8,556
10	1.09	168.7	183.9	10.9	8.00	26.1	Y	7,321
11	1.09	161.0	175.5	11.2	7.97	25.3	Y	7,681
12	0.97	165.0	160.1	10.9	8.08	26.6	Y	7,930
13	0.95	157.5	149.6	0.0	8.08	55.9	Y	7,939
14	0.87	155.6	135.4	10.1	8.10	27.9	Y	7,697
15	0.82	155.5	127.5	9.7	8.01	27.6	Y	7,771
16	1.00	165.5	165.5	9.0	7.94	28.7	Y	7,310
17	1.19	160.4	190.9	9.2	7.98	29.4	Y	8,216
18	0.85	158.6	134.8	8.6	8.07	30.5	Y	8,026
19	0.93	166.2	154.6	8.4	7.98	30.3	Y	7,771
20	0.97	153.8	149.2	8.4	7.98	30.3	Y	7,132
21	1.01	153.7	155.2	8.1	8.06	31.9	Y	7,397
22	1.13	157.8	178.3	8.4	8.06	31.7	Y	6,947
23	1.11	159.8	177.4	8.8	8.06	30.9	Y	7,610
24	1.11	172.9	191.9	8.6	8.05	31.1	Y	7,782
25	1.10	162.9	179.2	8.9	8.03	30.1	Y	6,930
26	1.06	170.3	180.5	8.6	8.03	30.7	Y	8,335
27	1.06	165.9	175.9	8.3	8.06	31.6	Y	7,128
28	1.08	177.7	191.9	7.9	8.03	32.3	Y	7,001
29	0.96	179.5	172.3	7.4	8.05	33.2	Y	6,874
30	0.97	179.9	174.5	6.8	8.07	34.8	Y	7,334

Signature: Chris Germond

Date: 12/9/24

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.

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: 11/2024

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	0.01	0.01	0.01	0.01	0.01	0.01	0.01
2	0.01	0.01	0.01	0.01	0.01	0.01	0.01
3	0.01	0.01	0.01	0.01	0.01	0.01	0.01
4	0.01	0.01	0.01	0.01	0.01	0.01	0.01
5	0.01	0.01	0.02	0.01	0.01	0.01	0.02
6	0.01	0.01	0.01	0.01	0.01	0.01	0.01
7	0.01	0.01	0.01	0.01	0.01	0.01	0.01
8	0.01	0.01	0.01	0.01	0.01	0.01	0.01
9	0.01	0.01	0.01	0.01	0.01	0.01	0.01
10	0.01	0.01	0.01	0.01	0.01	0.01	0.01
11	0.01	0.01	0.01	0.01	0.01	0.01	0.01
12	0.01	0.01	0.01	0.01	0.01	0.01	0.01
13	0.01	0.01	0.01	0.01	0.01	0.01	0.01
14	0.01	0.01	0.01	0.01	0.01	0.01	0.01
15	0.01	0.01	0.01	0.01	0.01	0.02	0.02
16	0.01	0.01	0.02	0.02	0.01	0.01	0.02
17	0.01	0.01	0.02	0.02	0.01	0.01	0.02
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	0.02	0.01	0.01	0.01	0.01	0.01	0.02
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	0.01	0.01	0.01
25	0.01	0.01	0.01	Plant Off	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	0.01	0.01	0.01	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 / No	CT's met everyday? <input checked="" type="radio"/> Yes / No	All CL2 residuals at entry point >= 0.2 mg/l? <input checked="" type="radio"/> Yes / No
All daily turbidity readings <= 5 NTU? <input checked="" type="radio"/> Yes / No		
Notes:	PRINTED NAME: <i>Chris Germond</i>	
	SIGNATURE: <i>Chris Germond</i>	DATE: <i>12/9/24</i>
	PHONE #: <i>541-704-2309</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.