

Membrane Filter Monthly Operating Report

County: **Linn**

System Name: **ALBANY, CITY OF**

PWS ID # **41-00012**

PlantID: **WTP-B**

Month/Year: **12/2025**

Minimum test pressure (applied || req'd): **15.4** 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	0.011	0.015	0.020	0.47	4.31	Y
2	0.011	0.015	0.020	0.48	4.30	Y
3	0.011	0.013	0.020	0.49	4.33	Y
4	0.011	0.015	0.020	0.50	4.29	Y
5	0.011	0.015	0.020	0.48	4.30	Y
6	0.012	0.019	0.024	0.48	4.25	Y
7	0.012	0.015	0.023	0.48	4.29	Y
8	0.012	0.019	0.024	0.48	4.28	Y
9	0.012	0.019	0.024	0.49	4.25	Y
10	0.012	0.020	0.028	0.49	4.27	Y
11	0.014	0.020	0.026	0.51	4.24	Y
12	0.016	0.021	0.030	0.50	4.29	Y
13	0.016	0.020	0.024	0.51	4.28	Y
14	0.016	0.020	0.026	0.51	4.28	Y
15	0.017	0.020	0.024	0.50	4.25	Y
16	0.017	0.022	0.026	0.51	4.26	Y
17	0.017	0.022	0.030	0.52	4.28	Y
18	0.017	0.028	0.031	0.50	4.24	N
19	0.021	0.054	0.085	0.51	4.10	Y
20	0.020	0.034	0.044	0.51	4.19	Y
21	0.019	0.030	0.039	0.52	4.18	Y
22	0.018	0.026	0.035	0.51	4.23	Y
23	0.018	0.033	0.041	0.53	4.21	Y
24	0.020	0.035	0.048	0.53	4.24	Y
25	0.019	0.074	0.050	0.54	4.21	Y
26	0.016	0.041	0.046	0.53	4.25	Y
27	0.014	0.031	0.048	0.53	4.23	Y
28	0.015	0.061	0.044	0.53	4.23	Y
29	0.014	0.024	0.044	0.53	4.24	Y
30	0.015	0.024	0.039	0.53	4.23	Y
31	0.015	0.024	0.041	0.53	4.25	Y

Compliance summary (operator to complete any blank fields)				
95% of daily turbidity readings \leq 1 NTU? <input checked="" type="checkbox"/> / N]	All turbidity readings \leq 5 NTU? <input checked="" type="checkbox"/> / N]	All IFE turbidity readings \leq 0.15 NTU? <input checked="" type="checkbox"/> / N]	Performance std met? (PDR \leq PDR _{Max} , LRV \geq LRC) <input checked="" type="checkbox"/> / N]	DIT Daily? <input checked="" type="checkbox"/> / N]
CT's met daily? <input checked="" type="checkbox"/> / N]	All Cl2 residual at EP \geq 0.2 mg/L? <input checked="" type="checkbox"/> / N]	PDR \leq PDR _{Max} (0.7 psi/min)? <input checked="" type="checkbox"/> / N]	LRV _{ambient} \geq LRC (4.00)? <input checked="" type="checkbox"/> / N]	
PRINT NAME: <i>Chris Germond</i>		DATE: <i>1/7/26</i>		
SIGNATURE: <i>Chris Germond</i>		WT CERT #: <i>7-08682</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: 12/2025

DAY	12 AM	4 AM	8 AM	NOON	4 PM	8 PM	Highest Reading of the Day (1)
	[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	0.01	0.01	0.01	0.01	0.01
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	0.02	0.01	0.01	0.02	0.02	0.02
13	0.01	0.02	0.01	0.02	0.01	0.01	0.02
14	0.01	0.01	0.02	0.01	0.02	0.01	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	0.01	0.01	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	0.03	0.03	0.02	0.01	0.01	0.02	0.03
26	0.01	0.01	0.01	0.01	0.02	0.02	0.02
27	0.01	0.01	0.01	0.02	0.01	0.01	0.02
28	0.01	0.01	0.01	0.01	0.02	0.02	0.02
29	0.01	0.01	0.01	0.01	0.02	0.02	0.02
30	0.01	0.02	0.01	0.02	0.01	0.01	0.02
31	0.01	0.01	0.02	0.02	0.01	0.01	0.02

Membrane Filtration		Monthly Summary (Answer Yes or No)	
95% of turbidity readings <= 1 NTU? (2)	Yes/No <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	CT's met everyday?	All CL2 residuals at entry point >= 0.2 mg/l?
All daily turbidity readings <= 5 NTU?	Yes/No <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	Yes/No <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	Yes/No <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No
Notes:	PRINTED NAME: <i>Chris Germond</i>		
	SIGNATURE: <i>Chris Germond</i>		DATE: <i>1/7/26</i>
	PHONE #: <i>541-704-2309</i>		CERT #: <i>F-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:** 12/2025

Date / Time	Minimum CL2 Residual @ 1st User (C) (1) [ppm or mg/L]	Contact Time (T) [minutes]	Actual CT C x T	Temp. [°C]	pH	Reqd. CT Use tables	CT Met? (1) Yes / No	Peak Hourly Demand Flow (2) [GPM]
1	1.10	152.3	167.5	9.4	8.22	31.3	Y	7,934
2	1.07	152.0	162.6	9.2	8.20	31.4	Y	8,122
3	1.04	160.1	166.5	9.4	8.18	30.7	Y	7,048
4	1.07	141.9	151.8	9.1	8.10	30.5	Y	7,927
5	1.05	176.8	185.6	9.6	8.11	29.5	Y	6,326
6	0.51	152.9	78.0	10.5	8.11	26.1	Y	8,198
7	0.47	162.6	76.4	10.2	8.04	25.9	Y	8,256
8	0.89	144.4	128.5	10.7	8.07	26.5	Y	8,523
9	0.90	153.5	138.2	11.3	8.07	25.6	Y	7,578
10	0.67	142.6	95.5	11.8	8.01	23.5	Y	7,037
11	0.72	147.7	106.3	12.0	7.92	22.6	Y	6,509
12	0.97	139.2	135.0	11.4	8.10	25.9	Y	7,752
13	0.98	161.0	157.8	10.5	8.12	27.6	Y	6,803
14	0.98	134.3	131.6	10.1	8.10	28.2	Y	7,978
15	1.05	161.3	169.4	10.6	8.11	27.6	Y	7,790
16	0.95	152.5	144.9	11.8	8.13	25.4	Y	7,285
17	0.86	147.5	126.9	10.7	8.13	27.0	Y	6,844
18	0.96	174.3	167.3	10.0	8.17	29.1	Y	7,059
19	0.72	152.6	109.9	10.6	8.07	26.1	Y	7,123
20	0.65	162.4	105.6	10.0	7.96	26.0	Y	6,671
21	0.89	150.2	133.7	9.9	8.01	27.3	Y	8,090
22	1.09	144.8	157.8	10.1	8.06	28.2	Y	7,712
23	1.11	155.5	172.6	9.9	8.15	29.6	Y	8,470
24	1.13	167.3	189.0	9.8	8.15	29.9	Y	7,981
25	1.04	168.8	175.6	9.4	8.14	30.1	Y	7,412
26	1.12	155.5	174.2	9.4	8.11	30.1	Y	6,778
27	1.05	177.0	185.9	9.3	8.10	30.1	Y	7,389
28	0.99	163.3	161.7	8.6	8.13	31.7	Y	6,996
29	1.18	139.3	164.4	8.3	8.15	33.3	Y	8,120
30	1.12	151.0	169.1	7.9	8.18	34.4	Y	7,287
31	1.14	170.0	193.8	7.7	8.20	35.2	Y	7,229

Signature: Chris Germond Date: 1/7/26
 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:

12/ 2025

Albany/Millersburg Water Plant

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

Signature: Chris Germond

Date: 1/7/26

Print Name: Chris Germond

Cert. #: T-08682