

OHA - DWS

Membrane Filter Monthly Operating Report

County: **Marion**

System Name: **Gates, City of**

Month/Year: **Sep-2023**

PWS ID#: 41 - **00317**

Minimum test pressure applied || req'd: _____ psi || _____ 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)	Highest PDR of day [^{psi} /min]	Lowest LRV _{ambient} of day [log removal]	DIT Daily
						[Y/N] or "off"
						4.00
1	0.030	0.03	0.030			Y
2						Off
3	0.030	0.03	0.030			Y
4						Off
5	0.030	0.03	0.030			Y
6						Off
7						Off
8	0.030	0.03	0.030			Y
9						Off
10						Off
11	0.030	0.03	0.030			Y
12						Off
13	0.030	0.031	0.030			Y
14						Off
15	0.040	0.03	0.030			Y
16						
17						
18	0.030	0.03	0.030			Y
19						Off
20	0.030	0.03	0.030			Y
21						Off
22	0.030	0.03	0.030			Y
23						Off
24	0.030	0.03	0.030			Y
25						Off
26						Off
27	0.030	0.03	0.030			Y
28						Off
29						Off
30	0.030	0.03	0.030			Y
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
CT's met daily? (p. 2)	All Cl ₂ residual at EP ≥ 0.2 mg/L?	PDR ≤ PDR _{Max} ?	LRV _{ambient} ≥ LRC?	
Yes	Yes			

PRINTED NAME: Gregory R Benthin **DATE:** October 2, 2023
SIGNATURE: *Gregory R Benthin* **WT CERT #:** 5244
Notes: COULD NOT TYPE IN CERT # **PHONE #:** 503-897-2669

♣ Used for optimization purposes only.

OHA-DWS

Disinfection Monthly Operating Report

System Name: Gates, City of

PWS ID#: 41 - 00317

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	0.690	120	82.8	20.9	8.28	14.3	YES	210	3:20 PM
2									Plant Off
3	1.040	120	124.8	15.6	8.39	22.0	YES	210	1:00 PM
4									Plant Off
5	1.030	120	123.6	20.6	8.37	15.6	YES	210	4:00 PM
6									Plant Off
7									Plant Off
8	0.640	120	76.8	20.2	8.42	15.6	YES	210	1:20 PM
9									Plant Off
10									Plant Off
11	0.550	120	66.0	20.6	8.29	14.4	YES	210	1:15 PM
12	0.800	120	96.0	5.0	8.14	39.7	YES	210	12:10 AM
13	0.720	120	86.4	20.9	8.20	13.9	YES	210	1:40 PM
14									Plant Off
15	1.180	120	141.6	19.6	8.13	15.5	YES	210	1:30 PM
16									Plant Off
17	0.450	120	54.0	20.8	8.35	14.3	YES	210	11:30 AM
18	0.210	120	25.2	18.0	8.14	15.5	YES	160	4:50 PM
19									Plant Off
20	0.540	120	64.8	5.0	7.98	36.3	YES	160	3:00 AM
21	1.090	120	130.8	5.0	8.00	39.0	YES	160	1:00 AM
22	0.890	120	106.8	19.5	8.33	16.3	YES	210	1:15 PM
23									Plant Off
24	0.910	120	109.2	17.9	8.27	17.8	YES	210	1:00 PM
25									Plant Off
26									Plant Off
27	0.970	120	116.4	18.4	8.25	17.2	YES	210	4:00 PM
28									Plant Off
29									Plant Off
30	0.770	120	92.4	17.2	8.17	17.7	YES	210	12:50 PM
31									

[†] 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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