

OHA - DWS

Membrane Filter Monthly Operating Report

County: **Marion**

System Name: **Gates, City of**

Month/Year: **Nov-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

PDR_{Max} [psi/min]	LRC [log removal]
	4.00

**DIT
Daily**

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]	[Y/N] or "off"
1						Off
2	0.030	0.03				Y
3						Off
4						Off
5	0.029	0.029				Y
6						Off
7						Off
8	0.034	0.03				Y
9	0.030	0.03				Y
10						Off
11						Off
12	0.030	0.03				Y
13	0.030	0.03				Y
14						Off
15	0.029	0.029				Y
16						Off
17						Off
18	0.030	0.03				Y
19						Off
20						Off
21	0.030	0.03				Y
22						Off
23						Off
24	0.028	0.028				Y
25						Off
26						Off
27	0.028	0.028				Y
28						Off
29						Off
30	0.029	0.029				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: **12/4/2023**
 SIGNATURE: *Gregory R Benthin* WT CERT #: **5244**
 Notes: PHONE #: **503-897-2669**

* Used for optimization purposes only.

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									Off
2	0.330	120	39.6	16.9	8.58	20.0	YES	210	2:40 PM
3									Off
4									Off
5	0.640	120	76.8	15.0	8.59	23.5	YES	210	12:40 PM
6									Off
7									Off
8	0.320	120	38.4	16.9	8.52	19.5	YES	210	4:20 PM
9	0.700	120	84.0	16.2	8.09	18.2	YES	210	4:50 PM
10									Off
11									Off
12	0.510	120	61.2	16.7	8.57	20.6	YES	210	1:20 PM
13	1.120	120	134.4	5.0	8.27	43.3	YES	210	3:00 AM
14									Off
15	0.680	120	81.6	17.6	8.50	19.2	YES	210	11:30 AM
16									Off
17									Off
18	0.580	120	69.6	16.6	8.64	21.4	YES	210	1:20 PM
19									Off
20									Off
21	0.720	120	86.4	17.4	8.47	19.4	YES	210	1:50 PM
22									Off
23									Off
24	0.450	120	54.0	16.8	8.47	19.5	YES	210	11:30 AM
25									Off
26									Off
27	0.590	120	70.8	16.7	8.41	19.6	YES	210	1:32 PM
28									Off
29									Off
30	0.640	120	76.8	16.5	8.36	19.6	YES	210	1:10 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