

OHA - DWS

Membrane Filter Monthly Operating Report

County: **Marion**

System Name: **Gates, City Of**

Month/Year: **Dec-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						Off
3	0.029	0.029				Y
4						Off
5						Off
6	0.029	0.029				Y
7						Off
8	0.029	0.029				Y
9						Off
10						Off
11	0.029	0.029				Y
12	0.030	0.03				Y
13						Off
14	0.030	0.03				Y
15						Off
16						Off
17	0.030	0.03				Y
18						Off
19						Off
20	0.030	0.03				Y
21						Off
22						Off
23	0.030	0.03				Y
24						Off
25						Off
26	0.029	0.02				Y
27						Off
28						Off
29	0.030	0.03				Y
30						Off
31						Off

Compliance summary (operator to complete any blank fields)

95% of daily turbidity readings ≤ 1 NTU? [Y/N] Yes	All turbidity readings ≤ 5 NTU? [Y/N] Yes	All IFE turbidity readings ≤ 0.15 NTU? [Y/N]	Performance std met? [Y/N] (PDR ≤ PDR _{Max} , LRV ≥ LRC)	DIT Daily? Yes
CT's met daily? (p. 2) Yes	All Cl ₂ residual at EP ≥ 0.2 mg/L? Yes	PDR ≤ PDR _{Max} ?	LRV _{ambient} ≥ LRC?	

PRINTED NAME: **Gregory R Benthin** DATE: **1/2/2024**
 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									Off
3	0.990	120	118.8	16.2	8.38	20.9	YES	210	1:50 PM
4									Off
5									Off
6	0.320	120	38.4	16.5	8.17	17.6	YES	210	11:20 AM
7									Off
8	0.300	120	36.0	14.5	8.13	19.8	YES	210	11:15 AM
9									Off
10									Off
11	0.940	120	112.8	16.5	8.30	19.8	YES	210	1:10 PM
12	1.430	120	171.6	5.0	8.05	41.4	YES	210	1:00 AM
13									Off
14	0.790	120	94.8	15.9	8.31	20.3	YES	210	1:15 PM
15									Off
16									Off
17	1.150	120	138.0	15.5	8.20	20.9	YES	210	1:15 PM
18									Off
19									Off
20	1.210	120	145.2	16.2	8.25	20.4	YES	210	4:30 PM
21									Off
22									Off
23	1.220	120	146.4	12.4	8.34	27.1	YES	210	12:50 PM
24									Off
25									Off
26	2.430	120	291.6	14.5	8.34	27.1	YES	210	4:10 PM
27									Off
28									Off
29	0.920	120	110.4	14.7	8.37	22.8	YES	210	3:30 PM
30									Off
31									Off

* 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