

# OHA - DWS

## Membrane Filter Monthly Operating Report

County: **Marion**

System Name: **Gates, City Of**

Month/Year: **Jan-2024**

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<sub>Max</sub> [<sup>psi</sup>/<sub>min</sub>]

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 [ <sup>psi</sup> / <sub>min</sub> ]	Lowest LRV <sub>ambient</sub> of day [log removal]	[Y/N] or "off"
1	0.029	0.029				Y
2						Off
3						Off
4	0.029	0.029				Y
5						Off
6						Off
7	0.034	0.034				Y
8	0.030	0.03				Y
9						Off
10	0.030	0.03				Y
11						Off
12						Off
13						Off
14	0.030	0.03				Y
15						Off
16	0.030	0.03				Y
17	0.030	0.03				Y
18	0.030	0.03				Y
19						Off
20	0.030	0.03				Y
21						Off
22	0.029	0.029				Y
23						Off
24						Off
25	0.029	0.029				Y
26						Off
27						Off
28	0.027	0.027				Y
29	0.030	0.03				Y
30						Off
31	0.028	0.028				Y

**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 <sub>Max</sub> , LRV ≥ LRC)	DIT Daily?
Yes	Yes			Yes
CT's met daily? (p. 2)	All Cl <sub>2</sub> residual at EP ≥ 0.2 mg/L?	PDR ≤ PDR <sub>Max</sub> ?	LRV <sub>ambient</sub> ≥ LRC?	
Yes	Yes			

PRINTED NAME: **Gregory R Benthin**      DATE: **2/2/2024**

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 <sub>2</sub> Residual at 1 <sup>st</sup> 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	1.560	120	187.2	12.6	8.30	27.5	YES	210	12:30 PM
2									Plant Off
3									Plant Off
4	0.960	120	115.2	13.2	8.42	25.8	YES	210	10:45 AM
5									Plant Off
6									Plant Off
7	0.640	120	76.8	12.0	8.36	26.2	YES	160	1:15 PM
8	1.180	120	141.6	5.0	8.34	44.7	YES	160	2:00 AM
9									Plant Off
10	1.130	120	135.6	13.3	8.42	26.1	YES	210	1:10 PM
11									Plant Off
12									Plant Off
13									Plant Off
14	1.290	120	154.8	13.6	8.36	25.5	YES	210	1:00 PM
15									Plant Off
16	1.220	120	146.4	13.1	8.34	26.0	YES	160	1:30 PM
17	1.340	120	160.8	12.9	7.83	22.1	YES	160	1:20 PM
18	1.040	120	124.8	13.2	7.78	20.6	YES	160	11:10 AM
19									Plant Off
20	1.300	120	156.0	5.0	8.54	48.9	YES	210	1:30PM
21									Plant Off
22	1.080	120	129.6	15.5	8.41	22.4	YES	210	1:55 PM
23									Plant Off
24									Plant Off
25	1.260	120	151.2	13.5	8.10	23.3	YES	210	1:25 PM
26									Plant Off
27									Plant Off
28	1.090	120	130.8	12.8	7.97	22.8	YES	210	12:15 PM
29	1.570	120	188.4	5.0	7.95	40.6	YES	210	12:15 AM
30									Plant Off
31	1.720	120	206.4	6.0	8.41	45.7	YES	210	2:10 PM

\* 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 10<sup>th</sup> of following month by**

mail: Drinking Water Services  
PO Box 14350  
Portland, OR 97293-0350  
email: [dwp.dmce@odhsoha.oregon.gov](mailto:dwp.dmce@odhsoha.oregon.gov)  
fax: 971-673-0458