

OHA - DWS

Membrane Filter Monthly Operating Report

County: **Marion**

System Name: **Gates, City Of**

Month/Year: **Feb-2024**

PWS ID#: 41 - Minimum test pressure applied || req'd: psi || psi

Plant ID: WTP - (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	0.027	0.027				Yes
4						Off
5						Off
6	0.027	0.027				Yes
7						Off
8						Off
9	0.029	0.029				Yes
10						Off
11						Off
12	0.028	0.028				Yes
13						Off
14						Off
15	0.028	0.028				Yes
16						Off
17						Off
18	0.028	0.028				Yes
19						Off
20						Off
21	0.028	0.028				Yes
22						Off
23						Off
24	0.028	0.028				Yes
25	0.030	0.03				Yes
26						Off
27						Off
28	0.028	0.028				Yes
29	0.030	0.03				Yes
30						
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
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: **3/1/2024**
 SIGNATURE: *Gregory R Benthin* WT CERT #: **5244**
 Notes: PHONE #: **503-897-2669**

♣ Used for optimization purposes only.

OHA-DWS

Disinfection Monthly Operating Report

System Name: Gates, City Of

PWS ID#: 41 - 60317

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									Plant Off
2									Plant Off
3	1.030	120	123.6	11.9	8.38	27.8	YES	210	12:50 PM
4									Plant Off
5									Plant Off
6	1.610	120	193.2	13.5	8.41	27.1	YES	210	3:40 PM
7									Plant Off
8									Plant Off
9	0.900	120	108.0	13.2	8.43	25.7	YES	210	3:30 PM
10									Plant Off
11									Plant Off
12	0.520	120	62.4	13.3	8.52	25.3	YES	210	11:20 AM
13									Plant Off
14									Plant Off
15	0.890	120	106.8	15.4	8.42	22.1	YES	210	11:20 AM
16									Plant Off
17									Plant Off
18	0.630	120	75.6	11.8	8.53	28.2	YES	210	1:55 PM
19									Plant Off
20									Plant Off
21	0.980	120	117.6	14.4	8.50	24.6	YES	160	4:00 PM
22									Plant Off
23									Plant Off
24	0.760	120	91.2	12.7	8.46	26.5	YES	160	1:10 PM
25	0.900	120	108.0	5.0	8.41	44.4	YES	160	8:00 AM
26									Plant Off
27									Plant Off
28	0.580	120	69.6	14.3	8.37	22.6	YES	160	1:29 PM
29	1.010	120	121.2	5.0	8.32	43.5	YES	160	1:00 AM
30									
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