

OHA - DWS

Membrane Filter Monthly Operating Report

County: Marion

System Name: Gates, City Of

Month/Year: Mar-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_{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	0.030	0.03				Y
2						Off
3						Off
4	0.028	0.028				Y
5						Off
6						Off
7	0.028	0.028				Y
8						Off
9						Off
10	0.028	0.028				Y
11						Off
12						Off
13	0.028	0.03				Y
14						Off
15						Off
16	0.030	0.03				Y
17						Off
18						Off
19	0.030	0.03				Y
20						Off
21						Off
22	0.029	0.06				Y
23						Off
24						Off
25	0.029	0.05				Y
26						Off
27						Off
28	0.028	0.04				Y
29						Off
30						Off
31	0.030	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 _{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: 4/4/2024

SIGNATURE: Gregory R Benthin WT CERT #: 5244

Notes: _____ PHONE #: 503-897-2669

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
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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	0.840	120	100.8	5.0	8.54	46.3	YES	160	2:10 PM
2									Plant off
3									Plant off
4	0.610	120	73.2	14.0	8.51	24.3	YES	160	10:45 AM
5									Plant off
6									Plant off
7	0.840	120	100.8	14.4	8.48	24.0	YES	210	3:00 PM
8									Plant off
9									Plant off
10	0.780	120	93.6	13.7	8.61	26.2	YES	210	1:15 PM
11									Plant off
12									Plant off
13	0.840	120	100.8	14.2	8.57	25.2	YES	210	1:45 PM
14									Plant off
15									Plant off
16	0.710	120	85.2	11.2	8.67	31.2	YES	210	13:00
17									Plant off
18									Plant off
19	0.800	120	96.0	14.4	8.64	25.4	YES	210	1:30 PM
20									Plant off
21									Plant off
22	1.020	120	122.4	14.1	8.65	26.6	YES	210	4:00 PM
23									Plant off
24									Plant off
25	1.110	120	133.2	14.7	8.65	25.9	YES	210	1:45 PM
26									Plant off
27									Plant off
28	1.080	120	129.6	14.5	8.66	26.2	YES	210	1:20 PM
29									Plant off
30									Plant off
31	0.830	120	99.6	12.2	8.77	30.6	YES	210	12:50 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 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