

OHA - DWS

Membrane Filter Monthly Operating Report

County: Marion

System Name: Gates, City Of

Month/Year: Apr-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

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]	DIT Daily
						[Y/N] or "off"
					4.00	
1	0.029	0.04				Y
2						Off
3	0.040	0.029				Y
4	0.030	0.03				Y
5						Off
6	0.030	0.03				Y
7						Off
8						Off
9	0.030	0.03				Y
10						Off
11						Off
12	0.030	0.028				Y
13						Off
14						Off
15	0.033	0.03				Y
16						Off
17						Off
18	0.040	0.028				Y
19						Off
20						Off
21	0.028	0.028				Y
22	0.030	0.03				Y
23						Off
24	0.050	0.028				Y
25						Off
26						Off
27	0.029	0.029				Y
28						Off
29						Off
30		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
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: **5/2/2024**
 SIGNATURE: *Gregory R Benthin* WT CERT #: **5/10/1914**
 Notes: PHONE #: **503-897-2669**

♣ Used for optimization purposes only.

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

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	0.900	120	108.0	13.4	8.85	29.6	YES	160	1:10 PM
4	0.670	120	80.4	5.0	8.73	48.7	YES	160	1:10 PM
5									Plant off
6	1.000	120	120.0	13.0	8.67	28.8	YES	210	12:45 PM
7									Plant off
8									Plant off
9	1.700	120	204.0	14.8	8.59	26.9	YES	210	2:45 PM
10									Plant off
11									Plant off
12	0.850	120	102.0	15.0	8.80	26.0	YES	210	1:15 PM
13									Plant off
14									Plant off
15	0.790	120	94.8	14.6	8.72	25.8	YES	210	1:40 PM
16									Plant off
17									Plant off
18	0.870	120	104.4	14.9	8.81	26.3	YES	210	4:00 PM
19									Plant off
20									Plant off
21	0.780	120	93.6	12.2	8.84	31.2	YES	210	1:00 PM
22	0.870	120	104.4	5.0	8.50	45.8	YES	210	12:20 AM
23									Plant off
24	0.790	120	94.8	14.4	8.69	25.8	YES	210	1:25 PM
25									Plant off
26									Plant off
27	0.810	120	97.2	11.7	8.82	32.2	YES	210	1:20 PM
28									Plant off
29									Plant off
30	0.860	120	103.2	14.0	8.83	28.1	YES	210	1:15 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