Membrane Filter Monthly Operating Report

County: **Marion**

System Name: **Gates, City of**

Month/Year: **Jun-2024**

PWS ID#: 41 - **00317**

Minimum test pressure **applied** || req'd: 💬 _____ psi || _____ psi

Plant ID: WTP - **A** *(e.g., "A")*

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"
				PDR$_{Max}$ [$^{psi}/_{min}$]	LRC [log removal] 4.00	
1	0.030				>4.77	Y
2						Off
3						Off
4	0.029				>4.77	Y
5						Off
6						Off
7	0.029				>4.77	Y
8						Off
9	0.029				>4.77	Y
10						Off
11	0.031				>4.77	Y
12						Off
13						Off
14	0.030				>4.77	Y
15	0.030				>4.77	Y
16						Off
17	0.028				>4.77	Y
18						Off
19	0.029				>4.77	Y
20						Off
21	0.031				4.72	Y
22						Off
23	0.030				>4.77	Y
24						Off
25	0.030				>4.77	Y
26						Off
27	0.030				>4.77	Y
28						Off
29	0.032				>4.77	Y
30						Off
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	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		Yes	

PRINTED NAME: **Gregory R Benthin**

SIGNATURE: *Gregory R Benthin*

Notes:

DATE: 17/1/24

WT CERT #: 5244

PHONE #: 503-897-2669

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Revised 7/31/2023

✱ *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 Cl₂ Residual at 1st 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	0.820	120	98.4	14.4	8.86	27.6	YES	210	1:15 PM
2									Plant off
3									Plant off
4	0.670	120	80.4	15.6	8.55	22.3	YES	210	1:05 PM
5									Plant off
6									Plant off
7	0.690	120	82.8	18.6	8.67	19.2	YES	210	2:25 PM
8									Plant off
9	0.910	120	109.2	16.5	8.76	23.4	YES	210	1:15 PM
10									Plant off
11	0.680	120	81.6	18.8	8.41	17.2	YES	210	1:20 PM
12									Plant off
13									Plant off
14	0.440	120	52.8	18.6	8.82	19.7	YES	210	1:40 PM
15	0.800	120	96.0	5.0	8.52	45.7	YES	210	2:01 AM
16									Plant off
17	0.390	120	46.8	17.3	8.76	20.9	YES	210	1:10 PM
18									Plant off
19	1.130	120	135.6	15.7	8.79	25.5	YES	210	1:15 PM
20									Plant off
21	0.730	120	87.6	19.8	8.69	17.9	YES	210	1:35 PM
22									Plant off
23	1.170	120	140.4	16.4	8.65	23.3	YES	210	1:20 PM
24									Plant off
25	0.980	120	117.6	20.0	8.52	17.1	YES	210	1:08 PM
26									Plant off
27	0.780	120	93.6	19.2	8.91	20.4	YES	210	3:45 PM
28									Plant off
29	1.250	120	150.0	16.2	8.81	25.2	YES	210	1:15 PM
30									Plant off
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

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