OHA - DWS

Membrane Filter Monthly Operating Report					County: Marion						
System Name: Gates, City of					Month/Year: Jul-2024						
PW	/S ID#: 41 -	00317	İ	Minimum test pre	essure applied r	eq'd:	psi	psi			
Plar	nt ID: WTP -	A	(e.g., "A")				<u> </u>				
						_	<u></u>				
							if all filters are offline]	DIT			
		PDF	R = Press	sure Decay Rate	PDR _{Max} [^{psi} / _{min}]		LRC [log removal]	Daily			
		LF	RC = Log	Removal Credit			4.00				
Day	CFE Daily Turbidity	Highest CFE*		est IFE [NTU]	Highest PDR		Lowest LRV _{ambient}	[Y/N] or "off"			
	[NTU]	[NTU]	(>15 min duration)		of day [^{psi} / _{min}]	of day [log removal]		0			
1	0.030							Υ			
2								Off			
3	0.030							Y			
4								Off			
5	0.030				V			Υ			
6								Off			
7	0.030							Υ			
8	0.030							Υ			
9	0.030							Υ			
10	0.030							Υ			
11	0.030							Υ			
12	0.030							Υ			
13								Off			
14	0.030							Υ			
15	0.030							Υ			
16	0.031							Υ			
17								Off			
18	0.029	ļ						Υ			
19	0.030				L			Υ			
20	0.030							Υ			
21	0.030							Υ			
22	0.029							Υ			
23								Off			
24	0.031							Υ			
25								Off			
26	0.034							Υ			
27	0.000							Off			
28	0.030					***************************************	******************************	Y			
29	0.030			-				Y			
30	0.030	 						Y			
31	ann an an an an Aireann an a		engliste wave 4					Off			
Compliance	e summary (operator to	o comp	olete any blan							
95% of da	aily turbidity	All turbidity readings ≤ 5 NTU?			All IFE turbidity		Performance std met?	DIT			
readings ≤ 1 NTU? [Y/N]		[Y/N]			readings ≤ 0.15 NTU? [Y/N]		Y/N] Daily	Daily?			
				(PDR ≤ PDR _{Max} , LRV ≥ LRC)							
	Yes		Yes					Yes			
CT's met daily? (p. 2)		All Cl₂ residual at EP ≥ 0.2 ^{mg} / _L ?			$PDR \leq PDR_{Max}$?		LRV _{ambient} ≥ LRC?				
	es		Yes			لـــــا					
PRINTED NAME: SIGNATURE:		Gregory R Benthin		DATE: 8/6/2024 WT CERT #: 5 2 44 PHONE #: 503-897-2669							
								p. 1 of 2			

OHA-DWS

Disinfection Monthly Operating Report

System Name: Gates, City of

PWS ID#: 41 - **00317**

Plant ID: WTP - A

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]	pН	Required CT (Formula)	CT Met? * [Yes / No] (Formula)	Peak Hourly Demand Flow [GPM]	Notes (e.g. "Plant Off")
1	1.140	120	136.8	20.6	8.67	17.7	YES	210	3:05 PM
2		10							Plant Off
3	1.170	120	140.4	21.7	8.67	16.5	YES	210	4.15 pm
4									Plant Off
5	1.050	120	126.0	22.0	8.75	16.4	YES	210	1:25 PM
6									Plant Off
7	2.860	120	343.2	17.4	8.46	24.6	YES	210	12:10 PM
8	2.620	120	314.4	5.0	8.60	58.6	YES	210	12:45 AM
9	3.840	120	460.8	24.1	8.49	17.8	YES	210	4:30 PM
10	3.200	120	384.0	5.0	8.44	59.2	YES	210	4:00 AM
11	3.880	120	465.6	20.0	8.47	23.3	YES	210	2:30 PM
12	3.550	120	426.0	19.7	7.98	19.1	YES	210	4:00 PM
13									Plant Off
14	3.140	120	376.8	18.7	8.35	22.4	YES	210	1:00 PM
15	3.210	120	385.2	23.8	8.08	14.5	YES	210	1:15 PM
16	2.610	120	313.2	23.3	8.37	15.6	YES	210	2:10 PM
17		1							Plant Off
18	3.030	120	363.6	23.6	8.20	15.1	YES	210	4:15 PM
19	2.910	120	349.2	5.0	7.99	48.3	YES	210	1:45 AM
20	2.740	120	328.8	21.3	8.16	16.8	YES	210	1:00 PM
21	3.430	120	411.6	5.0	7.91	49.9	YES	210	1:00 AM
22	2.890	120	346.8	18.1	8.19	21.3	YES	210	1:25 PM
23									Plant Off
24	2.830	120	339.6	22.7	8.15	15.4	YES	210	2:35 PM
25									Plant Off
26	2.900	120	348.0	22.4	8.06	15.3	YES	210	3:30 PM
27			and a second						Plant Off
28	3.100	120	372.0	5.0	7.87	47.2	YES	210	12:15 PM
29	3.100	120	372.0	19.1	7.93	18.6	YES	210	4:30 PM
30	2.900	120	348.0	21.0	8.06	16.8	YES	210	4:00 PM
31									Plant Off

 $^{^{}ullet}$ 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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