

OHA - DWS

Membrane Filter Monthly Operating Report

County: **Marion**

System Name: **Gates, City of**

Month/Year: **Aug-2024**

PWS ID#: 41 - **00317**

Minimum test pressure applied: **10.71** psi

Plant ID: WTP - **A**

Minimum test pressure req'd: **10** psi

(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]
0.130	4.00

Day	CFE Daily Turbidity [NTU]	Highest CFE* [NTU]	Highest IFE [NTU]	Highest PDR of day [psi/min]	Lowest LRV _{ambient} of day [log removal]	DIT Daily [Y/N] or "off"
1	0.030					Y
2	0.030					Y
3						Off
4	0.030					Y
5	0.032					Y
6						Off
7	0.031					Y
8	0.030					Y
9						Off
10	0.032					Y
11						Off
12	0.031					Y
13	0.032					Y
14	0.032					Y
15						Off
16	0.031					Y
17						Off
18	0.030					Y
19	0.030					Y
20						Off
21						Y
22	0.030					Y
23	0.032					Off
24	0.031					Y
25	0.031					Y
26	0.031					Y
27	0.035					Y
28						Off
29	0.029					Y
30						Off
31	0.030					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: **9/3/2024**
 SIGNATURE: *Gregory R Benthin* WT CERT #: **5244**
 Notes: PHONE #: **503-897-2669**

♣ Used for optimization purposes only. Revised 7/31/2023

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	3.000	120	360.0	22.8	8.13	15.5	YES	210	3:50 PM
2	1.400	120	168.0	5.0	7.94	39.6	YES	210	2:00 AM
3									Plant Off
4	1.760	120	211.2	19.6	8.14	16.7	YES	210	9:33 AM
5	3.300	120	396.0	18.0	7.78	19.3	YES	210	8:30 AM
6									Plant Off
7	2.700	120	324.0	22.7	7.93	14.0	YES	210	4:15 PM
8	2.600	120	312.0	5.0	7.84	44.0	YES	210	3:45 AM
9									Plant Off
10	2.300	120	276.0	18.8	8.02	17.9	YES	210	12:10 PM
11									Plant Off
12	2.500	120	300.0	21.2	8.09	16.0	YES	210	3:50 PM
13	3.500	120	420.0	21.8	7.82	15.6	YES	210	9:00 AM
14	3.800	120	456.0	21.8	7.72	15.5	YES	210	3:45 PM
15									Plant Off
16	3.300	120	396.0	21.6	8.05	16.8	YES	210	4:30 PM
17									Plant Off
18	3.100	120	372.0	20.4	8.04	17.7	YES	210	12:30 PM
19	3.300	120	396.0	20.4	7.86	17.0	YES	210	3:40 PM
20									Plant Off
21	3.600	120	432.0	20.9	8.06	18.3	YES	210	4:00 PM
22									Plant Off
23	3.500	120	420.0	19.4	7.95	19.2	YES	210	2:15 PM
24									Plant Off
25	3.100	120	372.0	19.2	7.64	16.6	YES	210	3:30 PM
26	2.800	120	336.0	19.1	7.54	15.5	YES	210	4:00 PM
27	3.300	120	396.0	20.2	7.59	15.6	YES	210	4:00 PM
28									Plant Off
29	3.500	120	420.0	19.0	7.77	18.4	YES	210	2:00 PM
30									Plant Off
31	3.550	120	426.0	19.6	7.91	18.8	YES	210	12:40 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