

OHA - DWS

Membrane Filter Monthly Operating Report

County: **Marion**

System Name: **Gates, City of**

Month/Year: **Sep-2024**

PWS ID#: 41 - **00317**

Minimum test pressure applied: **10.52** 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

DIT Daily

Day	CFE Daily Turbidity [NTU]	Highest CFE* [NTU]	Highest IFE [NTU]	Highest PDR of day [^{psi} / _{min}]	Lowest LRV _{ambient} of day [log removal]	[Y/N] or "off"
1						off
2	0.029					Y
3	0.030					Y
4	0.029					Y
5						off
6	0.030					Y
7						off
8	0.029					Y
9						off
10						off
11	0.031					Y
12						off
13	0.030					Y
14						off
15	0.030					Y
16	0.030					Y
17						off
18	0.063					Y
19						off
20	0.029					Y
21						off
22	0.029					Y
23	0.030					Y
24	0.029					Y
25						off
26						off
27	0.031					Y
28						off
29						off
30	0.030					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		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: **10/7/2024**
 SIGNATURE: *Gregory R Benthin* WT CERT #: **5244**
 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	3.000	120	360.0	17.2	8.01	21.5	YES	210	1:45 PM
3	3.900	120	468.0	19.2	7.53	17.4	YES	210	4:30 PM
4	3.800	120	456.0	19.6	7.94	19.5	YES	210	4:00 PM
5									Plant Off
6	3.500	120	420.0	16.0	7.94	23.9	YES	210	1:30 PM
7									Plant Off
8	2.600	120	312.0	19.6	7.94	17.0	YES	210	1:00 PM
9									Plant Off
10									Plant Off
11	3.100	120	372.0	19.2	7.84	17.8	YES	210	1:35 PM
12									Plant Off
13	2.500	120	300.0	17.3	7.84	18.9	YES	210	2:00 PM
14									Plant Off
15	3.000	120	360.0	15.8	7.88	22.4	YES	210	1:00 PM
16	3.580	120	429.6	16.9	7.58	19.9	YES	210	2:00 PM
17									Plant Off
18	3.800	120	456.0	15.8	7.88	24.6	YES	210	2:25 PM
19									Plant Off
20	3.100	120	372.0	17.4	7.87	20.3	YES	210	1:30 PM
21									Plant Off
22	3.000	120	360.0	15.2	8.00	24.4	YES	210	1:30 PM
23	3.200	120	384.0	17.8	7.73	19.0	YES	210	2:00 PM
24	3.100	120	372.0	18.0	7.94	20.1	YES	210	2:05 PM
25									Plant Off
26									Plant Off
27	2.600	120	312.0	19.0	7.92	17.6	YES	210	1:25 PM
28									Plant Off
29									Plant Off
30	3.300	120	396.0	19.0	7.94	19.2	YES	210	4:05 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