

Membrane Filter Monthly Operating Report

County: **Marion**

System Name: **City of Gates**

Month/Year: **Oct-2024**

PWS ID#: 41 - **00317**

Minimum test pressure applied || req'd:

10.58/10.50

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

PDR_{Max} [^{psi}/min]

LRC [log removal]

4.00

DIT Daily

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]	[Y/N] or "off"
1						Off
2						Off
3	0.029					Yes
4						Off
5						Off
6	0.030					Yes
7	0.030					Yes
8						Off
9	0.032					Yes
10						Off
11	0.030					Yes
12						Off
13						Off
14	0.032					Yes
15						Off
16						Off
17	0.031					Yes
18						Off
19						Off
20	0.030					Yes
21						Off
22						Off
23	0.032					Yes
24						Off
25						Off
26	0.029					Yes
27						Off
28						Off
29	0.029					Yes
30						Off
31						Off

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: **11/4/2024**

SIGNATURE: *Gregory R Benthin* WT CERT #: **5247**

Notes: PHONE #: **503-897-2669**

* Used for optimization purposes only.

OHA-DWS

Disinfection Monthly Operating Report

System Name: City of Gates

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	3.300	120	396.0	19.0	7.68	17.4	YES	210	1:45 PM
4									Plant Off
5									Plant Off
6	2.800	120	336.0	19.9	7.59	15.0	YES	210	1:45 PM
7	3.100	120	372.0	19.4	7.59	16.1	YES	210	1:30 PM
8									Plant Off
9	2.900	120	348.0	19.4	7.62	15.9	YES	210	4:30 PM
10									Plant Off
11	2.800	120	336.0	19.1	7.61	15.9	YES	210	4:00 PM
12									Plant Off
13									Plant Off
14	2.400	120	288.0	21.7	7.58	12.7	YES	210	4:30 PM
15									Plant Off
16									Plant Off
17	2.100	120	252.0	18.8	7.65	15.2	YES	210	1:15 PM
18									Plant Off
19									Plant Off
20	1.600	120	192.0	19.3	7.65	13.9	YES	210	1:30 PM
21									Plant Off
22									Plant Off
23	2.100	120	252.0	18.4	7.67	15.8	YES	210	1:35 PM
24									Plant Off
25									Plant Off
26	1.800	120	216.0	19.7	7.65	13.9	YES	210	2:00 PM
27									Plant Off
28									Plant Off
29	2.600	120	312.0	19.3	7.67	15.7	YES	210	1:50 PM
30									Plant Off
31									Plant Off

* 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