

Membrane Filter Monthly Operating Report

County: **Marion**

System Name: **Gates, City of**

Month/Year: **Nov-2024**

PWS ID#: 41 - **00317**

Minimum test pressure applied || req'd: **10.50 psi 10.50 psi**

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

Day	CFE Daily Turbidity [NTU]	Highest CFE* [NTU]	Highest IFE [NTU] (>15 min duration)	PDR _{Max} [^{psi} / _{min}]	LRC [log removal]	DIT Daily
					4.00	
				Highest PDR of day [^{psi} / _{min}]	Lowest LRV _{ambient} of day [log removal]	[Y/N] or "off"
1	0.030					Y
2						Off
3						Off
4	0.029					Y
5						Off
6						Off
7	0.029					Y
8						Off
9						Off
10	0.030					Y
11						Off
12						Off
13	0.030					Y
14						Off
15						Off
16	0.030					Y
17						Off
18						Off
19	0.030					Y
20						Off
21						Off
22	0.035					Y
23						Off
24						Off
25	0.029					Y
26						Off
27						Off
28	0.029					Y
29						Off
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
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: **12/3/2024**

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	2.300	120	276.0	18.5	7.69	16.1	YES	210	1:25 PM
2									Plant Off
3									Plant Off
4	3.200	120	384.0	19.5	7.68	16.7	YES	210	11:05 PM
5									Plant Off
6									Plant Off
7	2.400	120	288.0	20.2	7.68	14.5	YES	210	5:30 PM
8									Plant Off
9									Plant Off
10	1.800	120	216.0	20.1	7.67	13.6	YES	210	1:15 PM
11									Plant Off
12									Plant Off
13	2.000	120	240.0	20.3	7.68	13.8	YES	210	11:15 AM
14									Plant Off
15									Plant Off
16	1.600	120	192.0	20.0	7.69	13.5	YES	210	1:30 PM
17									Plant Off
18									Plant Off
19	1.800	120	216.0	20.7	7.68	13.1	YES	210	2:40 PM
20									Plant Off
21									Plant Off
22	0.720	120	86.4	18.9	7.71	13.2	YES	210	9:15 AM
23									Plant Off
24									Plant Off
25	0.930	120	111.6	19.9	7.69	12.6	YES	210	2:00 PM
26									Plant Off
27									Plant Off
28	0.500	120	60.0	19.5	7.69	12.3	YES	210	1:15 PM
29									Plant Off
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