

# Membrane Filter Monthly Operating Report

County: Marion

System Name: Gates, City Of

Month/Year: Dec-2024

PWS ID#: 41 - 00317

Minimum test pressure applied || req'd:

10.52/10.50

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<sub>Max</sub> [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 <sub>ambient</sub> of day [log removal]	[Y/N] or "off"
1	0.029					Y
2						Off
3						Off
4	0.029					Y
5						Off
6						Off
7	0.029					Y
8						Off
9						Off
10	0.029					Y
11						Off
12						Off
13	0.029					Y
14						Off
15						Off
16	0.030					Y
17	0.030					Y
18						Off
19						Off
20	0.030					Y
21						Off
22						Off
23	0.030					Y
24						Off
25						Off
26	0.031					Y
27						Off
28	0.031					Y
29						Off
30						Off
31	0.032					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 <sub>Max</sub> , LRV ≥ LRC)	DIT Daily?
Yes	Yes			Yes
CT's met daily? (p. 2)	All Cl <sub>2</sub> residual at EP ≥ 0.2 mg/L?	PDR ≤ PDR <sub>Max</sub> ?	LRV <sub>ambient</sub> ≥ LRC?	
Yes	Yes			

PRINTED NAME: Gregory R Benthin DATE: 1/2/2025

SIGNATURE: Gregory R Benthin WT CERT #: 8244

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

<b>0.5</b>
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↶ Log  
Inactivation  
Required via  
Disinfection

Day	Minimum Cl <sub>2</sub> Residual at 1 <sup>st</sup> 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	0.350	120	42.0	19.9	7.70	11.8	YES	210	
2									Plant off
3									Plant off
4	1.010	120	121.2	19.7	7.70	12.9	YES	210	1:30 PM
5									Plant off
6									Plant off
7	0.870	120	104.4	18.5	7.73	13.9	YES	210	1:30 PM
8									Plant off
9									Plant off
10	1.240	120	148.8	13.5	7.52	18.8	YES	210	4:00 PM
11									Plant off
12									Plant off
13	0.870	120	104.4	14.5	8.06	20.5	YES	210	1:20 PM
14									Plant off
15									Plant off
16	1.110	120	133.2	14.8	7.98	20.1	YES	210	1:10 PM
17	0.890	120	106.8	14.7	7.94	19.4	YES	210	2:10 PM
18									Plant off
19									Plant off
20	0.840	120	100.8	15.0	7.84	18.3	YES	210	4:20 PM
21									Plant off
22									Plant off
23	0.970	120	116.4	14.7	7.72	18.1	YES	210	4:20 PM
24									Plant off
25									Plant off
26	0.690	120	82.8	14.6	7.80	18.2	YES	210	2:10 PM
27									Plant off
28	0.920	120	110.4	13.1	7.69	19.8	YES	210	1:45 PM
29									Plant off
30									Plant off
31	1.170	120	140.4	14.3	7.75	19.2	YES	210	1:15 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 10<sup>th</sup> of following month by**

mail: Drinking Water Services  
PO Box 14350  
Portland, OR 97293-0350

email: [dwp.dmce@odhsoha.oregon.gov](mailto:dwp.dmce@odhsoha.oregon.gov)

fax: 971-673-0458