Membrane Filter Monthly Operating Report

County: **Marion**

System Name: **Gates, City Of**

Month/Year: **Feb-2025**

PWS ID#: 41 - **00317**

Minimum test pressure **applied || req'd**: 10.50psi/10.52 psi

Plant ID: WTP - **A** *(e.g., "A")*

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"
DIT = Direct Integrity Test on filter(s) [Yes, No, or "off" if all filters are offline] ⇨						**DIT Daily**
PDR = Pressure Decay Rate				**PDR_{Max} [psi/min]**	**LRC [log removal]**	
LRC = Log Removal Credit					**4.00**	
1	0.033					Y
2						Off
3						Off
4	0.031					Y
5						Off
6						Off
7	0.031					Y
8						Off
9						Off
10	0.031					Y
11						Off
12						Off
13	0.032					Y
14						Off
15	0.032					Y
16						Off
17						Off
18	0.032					Y
19	0.030					Y
20						Off
21	0.032					Y
22						Off
23						Off
24	0.030					Y
25						Off
26	0.031					Y
27						Off
28						Off
29						
30						
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:** 3//5/25

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 1st 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	0.870	120	104.4	13.2	7.81	20.4	YES	210	1:15 PM
2									Plant Off
3									Plant Off
4	1.860	120	223.2	14.6	8.18	23.8	YES	210	1:30 PM
5									Plant Off
6									Plant Off
7	1.150	120	138.0	14.5	8.28	23.0	YES	210	1:15 PM
8									Plant Off
9									Plant Off
10	1.210	120	145.2	13.7	8.17	23.4	YES	210	2:30 PM
11									Plant Off
12									Plant Off
13	1.100	120	132.0	14.0	8.28	23.6	YES	210	1:20 PM
14									Plant Off
15	1.200	120	144.0	10.9	7.69	23.7	YES	210	1:45 PM
16									Plant Off
17									Plant Off
18	1.550	120	186.0	15.2	8.45	24.4	YES	210	1:20 PM
19	1.330	120	159.6	5.0	8.08	41.4	YES	210	1:00 AM
20									Plant Off
21	0.910	120	109.2	15.7	8.44	21.9	YES	210	1:10 PM
22									Plant Off
23									Plant Off
24	1.240	120	148.8	14.9	8.62	25.6	YES	210	1:25 PM
25									Plant Off
26	1.090	120	130.8	15.1	8.58	24.5	YES	210	1:25 PM
27									Plant Off
28									Plant Off
29									
30									
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

Revised 7/31/2023