Membrane Filter Monthly Operating Report

County: **Marion**

System Name: **Gates, City Of**

Month/Year: **Mar-2025**

PWS ID#: 41 - **00317**

Minimum test pressure **applied || req'd**: 10.59/10.00

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]	DIT Daily
		4.00	

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	0.031			0.12		Y
2						Off
3						Off
4	0.031			0.10		Y
5						Off
6						Off
7	0.031			0.13		Y
8						Off
9						Off
10	0.028			0.11		Y
11	0.030			0.11		Y
12						Off
13	0.028			0.12		Y
14						Off
15						Off
16	0.028			0.17		Y
17	0.028			0.13		Y
18						Off
19						Off
20	0.029			0.07		Y
21	0.030			0.09		Y
22						Off
23	0.037			0.27		Y
24						Off
25						Off
26	0.030			0.11		Y
27						Off
28						Off
29	0.030			0.24		Y
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] ($PDR \le PDR_{Max}$, $LRV \ge LRC$)	DIT Daily?
Yes	Yes		No	Yes

CT's met daily? (p. 2)	All Cl_2 residual at EP ≥ 0.2 $^{mg}/_{L}$?	$PDR \le PDR_{Max}$?	$LRV_{ambient} \ge LRC$?
Yes	Yes	No	

PRINTED NAME: Gregory R Benthin **DATE:** 4/7/2025

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

Notes: MIT's performed once daily manually. **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	1.120	120	134.4	15.1	8.54	24.2	YES	210	1:15 PM
2									Plant Off
3									Plant Off
4	1.560	120	187.2	15.9	8.39	22.8	YES	210	1:20 PM
5									Plant Off
6									Plant Off
7	1.430	120	171.6	14.8	8.41	24.4	YES	210	10:45 AM
8									Plant Off
9									Plant Off
10	1.080	120	129.6	14.8	8.36	23.0	YES	210	1:10 PM
11	1.510	120	181.2	5.0	8.20	44.2	YES	210	12:45 AM
12									Plant Off
13	1.140	120	136.8	13.7	8.37	25.0	YES	210	1:45 PM
14									Plant Off
15									Plant Off
16	0.830	120	99.6	12.9	8.35	25.3	YES	210	12:30PM
17	0.960	120	115.2	15.3	8.35	21.9	YES	210	1:55 PM
18									Plant Off
19									Plant Off
20	1.020	120	122.4	14.6	8.43	23.8	YES	210	1:20 PM
21	1.410	120	169.2	5.0	8.19	43.5	YES	210	2:00 AM
22									Plant Off
23	1.590	120	190.8	12.7	8.24	26.8	YES	210	1:20 PM
24									Plant Off
25									Plant Off
26	1.290	120	154.8	15.7	8.14	20.5	YES	210	1:30 PM
27									Plant Off
28									Plant Off
29	1.250	120	150.0	12.6	8.36	27.1	YES	210	1:30 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

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