Membrane Filter Monthly Operating Report

County: **Marion**

System Name: **Gates, City Of**

Month/Year: **May-2025**

PWS ID#: 41 - **00317**

Minimum test pressure **applied || req'd**: 10.57/10.00

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
0.130	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	0.029			0.11	4.66	Yes
2						Off
3	0.029			0.11	>4.77	Yes
4						Off
5	0.029			0.10	>4.77	Yes
6						Off
7	0.029			0.11	>4.77	Yes
8						Off
9	0.029			0.10	>4.77	Yes
10						Off
11	0.029			0.10	>4.77	Yes
12						Off
13						Off
14	0.029			0.10	>4.77	Yes
15						Off
16						Off
17	0.030			0.10	>4.77	Yes
18						Off
19	0.030			0.08	>4.77	Yes
20	0.032			0.11	>4.77	Yes
21						Off
22	0.030			0.10	>4.77	Yes
23						Off
24	0.029			0.10	>4.77	Yes
25						Off
26	0.031			0.09	>4.77	Yes
27						Off
28	0.029			0.09	>4.77	Yes
29	0.030			0.09	>4.77	Yes
30	0.030			0.09	>4.77	Yes
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	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	Yes	Yes

PRINTED NAME: Gregory R Benthin **DATE:** 6/9/2025

SIGNATURE: Gregory R Benthin **WT CERT #:** 5244

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

Revised 7/31/2023

♣ *Used for optimization purposes only.*

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	1.400	120	168.0	16.0	8.33	21.8	YES	210	2:45 PM
2									Plant off
3	7.880	120	945.6	10.4	7.81	56.1	YES	210	2:15 PM
4									Plant off
5	2.000	120	240.0	12.3	8.02	26.6	YES	210	3:30 PM
6									Plant off
7	1.270	120	152.4	12.4	7.83	22.7	YES	210	1:15 PM
8									Plant off
9	1.410	120	169.2	12.8	7.91	23.1	YES	210	1:10 PM
10									Plant off
11	1.450	120	174.0	13.9	8.05	22.7	YES	210	1:45 PM
12									Plant off
13									Plant off
14	0.980	120	117.6	14.1	7.88	20.0	YES	210	11:00 AM
15									Plant off
16									Plant off
17	1.050	120	126.0	13.9	7.83	20.0	YES	210	2:30 PM
18									Plant off
19	1.310	120	157.2	5.0	7.85	37.9	YES	210	12:30 AM
20	1.860	120	223.2	13.4	7.83	22.7	YES	210	1:30 PM
21									Plant off
22	1.300	120	156.0	13.5	7.79	20.9	YES	210	1:30 PM
23									Plant off
24	1.470	120	176.4	12.0	8.14	26.6	YES	210	1:30 PM
25									Plant off
26	1.150	120	138.0	14.2	8.05	21.5	YES	210	12:45 PM
27									Plant off
28	1.330	120	159.6	14.6	7.80	19.5	YES	210	1:15 PM
29	0.930	120	111.6	5.0	7.95	37.6	YES	210	2:00 AM
30	2.170	120	260.4	14.7	7.92	22.3	YES	210	1:20 PM
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