Membrane Filter Monthly Operating Report

County: **Marion**

System Name: **Gates, City Of**

Month/Year: **Jun-2025**

PWS ID#: 41 - **00317**

Minimum test pressure **applied || req'd**: 10.62psi/10.50psi

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]
0.230	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]	DIT Daily [Y/N] or "off"
1	0.030			0.08	4.77	Y
2	0.030			0.08	4.77	Y
3	0.030			0.08	4.77	Y
4						Off
5	0.032			0.08	4.77	Y
6	0.032			0.08	4.77	Y
7	0.028			0.08	4.44	Y
8	0.030			0.08	4.77	Y
9	0.030			0.07	4.77	Y
10	0.029			0.07	4.77	Y
11	0.030			0.08	4.77	Y
12	0.030			0.09	4.77	Y
13						Off
14	0.031			0.10	4.77	Y
15						Off
16	0.030			0.10	4.77	Y
17	0.030			0.10	4.77	Y
18	0.030			0.09	4.77	Y
19	0.029			0.07	4.77	Y
20	0.030			0.09	4.77	Y
21	0.029			0.08	4.77	Y
22						Off
23	0.032			0.09	4.77	Y
24						Off
25	0.029			0.09	4.77	Y
26	0.030			0.09	4.77	Y
27	0.040			0.09	4.77	Y
28	0.033			0.10	4.77	Y
29	0.029			0.09	4.77	Y
30	0.030			0.09	4.77	Y
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:** 7/8/2025

SIGNATURE: Gregory R Benthin **WT CERT #:** 52441

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 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	1.470	120	176.4	13.5	8.05	23.4	YES	210	1:00 PM
2	1.460	120	175.2	5.0	7.93	39.8	YES	210	2:00 AM
3	1.440	120	172.8	14.9	7.80	19.4	YES	210	1:15 PM
4									Plant Off
5	1.410	120	169.2	15.7	7.93	19.2	YES	210	1:20 PM
6	1.450	120	174.0	5.0	7.99	40.6	YES	210	1:00 AM
7	1.090	120	130.8	14.0	7.95	20.9	YES	210	1:00 PM
8	1.530	120	183.6	5.0	7.87	39.2	YES	210	2:01 AM
9	1.240	120	148.8	17.4	7.54	14.6	YES	210	1:40 PM
10	1.620	120	194.4	16.8	7.58	16.1	YES	210	9:05 AM
11	1.230	120	147.6	16.0	7.28	14.5	YES	210	1:00 PM
12	1.010	120	121.2	15.8	7.24	14.1	YES	210	4:30 PM
13									Plant Off
14	1.510	120	181.2	17.3	8.05	18.3	YES	210	1:30 PM
15									Plant Off
16	2.210	120	265.2	17.1	8.10	20.4	YES	210	4:30 PM
17	1.740	120	208.8	5.0	7.89	40.5	YES	210	3:00 AM
18	1.740	120	208.8	5.0	7.76	38.6	YES	210	4:00 AM
19	1.700	120	204.0	14.2	7.70	20.2	YES	210	12:45 PM
20	1.720	120	206.4	5.0	8.04	42.7	YES	210	1:00AM
21	1.700	120	204.0	14.7	7.85	20.6	YES	210	1:30 PM
22									Plant Off
23	2.020	120	242.4	15.9	8.09	21.6	YES	210	2:00 PM
24									Plant Off
25	1.150	120	138.0	14.6	7.97	20.4	YES	210	4:45 PM
26	0.560	120	67.2	5.0	7.57	31.4	YES	210	5:00 AM
27	1.110	120	133.2	20.0	7.78	13.2	YES	210	2:30 PM
28	0.970	120	116.4	17.1	7.77	15.7	YES	210	10:00 AM
29	2.110	120	253.2	21.5	7.64	12.7	YES	210	1:45 PM
30	1.010	120	121.2	23.4	7.62	9.8	YES	210	4:00 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