Membrane Filter Monthly Operating Report

County: **Marion**

System Name: **Gates, City Of**

Month/Year: **Aug-2025**

PWS ID#: 41 - **00317**

Minimum test pressure **applied || req'd**: 10.57/10.50

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_{Max} [$^{psi}/_{min}$]	LRC [log removal]	DIT Daily
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]	[Y/N] or "off"
1	0.040			0.11	4.77	Y
2	0.040			0.08	4.76	Y
3	0.039			0.11	4.77	Y
4	0.040			0.11	4.77	Y
5	0.030			0.10	4.77	Y
6	0.030			0.10	4.77	Y
7	0.030			0.11	4.77	Y
8	0.030			0.10	4.77	Y
9	0.030			0.11	4.77	Y
10	0.034			0.12	4.77	Y
11	0.030			0.12	4.72	Y
12	0.030			0.13	4.63	Y
13	0.030			0.13	4.63	Y
14	0.030			0.13	4.67	Y
15	0.030			0.13	4.66	Y
16	0.030			0.13	4.65	Y
17	0.030			0.13	4.67	Y
18	0.030			0.13	4.70	Y
19	0.030			0.13	4.58	Y
20						Off
21	0.030			0.09	4.76	Y
22	0.030			0.08	4.77	Y
23						Off
24	0.032			0.10	4.77	Y
25	0.030			0.09	4.77	Y
26	0.030			0.08	4.77	Y
27	0.030			0.10	4.77	Y
28	0.030			0.09	4.77	Y
29	0.030			0.10	4.77	Y
30	0.030			0.10	4.77	Y
31	0.030			0.10	4.77	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_{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:** 9/3/2025

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	1.220	120	146.4	22.3	8.15	13.1	YES	210	3:00 PM
2	1.400	120	168.0	10.0	8.34	32.5	YES	210	6:00 AM
3	1.100	120	132.0	21.2	8.04	13.4	YES	210	12:30 PM
4	1.540	120	184.8	19.4	7.93	15.2	YES	210	2:00 AM
5	1.070	120	128.4	21.5	7.94	12.6	YES	210	1:30 PM
6	1.830	120	219.6	20.2	7.82	14.3	YES	210	8:40 AM
7	1.200	120	144.0	21.4	7.61	11.4	YES	210	3:00 PM
8	1.670	120	200.4	20.3	7.55	12.6	YES	210	1:00 AM
9	1.390	120	166.8	21.5	7.70	12.0	YES	210	1:30 PM
10	1.320	120	158.4	18.5	7.63	14.1	YES	210	1:10 PM
11	1.070	120	128.4	24.1	8.01	10.9	YES	210	3:45 PM
12	1.440	120	172.8	5.0	7.63	35.5	YES	210	3:00 AM
13	0.910	120	109.2	21.5	7.69	11.3	YES	210	10:30 AM
14	1.530	120	183.6	19.9	7.79	14.0	YES	210	2:00 AM
15	1.090	120	130.8	20.8	7.69	12.1	YES	210	1:20 PM
16	1.100	120	132.0	20.0	7.66	12.6	YES	210	1:00 PM
17	1.040	120	124.8	20.9	8.03	13.5	YES	210	1:30 PM
18	1.690	120	202.8	5.0	7.73	37.9	YES	210	10:15 AM
19	1.110	120	133.2	21.0	7.93	13.0	YES	210	2:30 PM
20									Plant off
21	0.980	120	117.6	24.0	8.02	10.9	YES	210	10:45 AM
22	0.980	120	117.6	22.3	7.95	11.9	YES	210	11:05 AM
23									Plant off
24	0.850	120	102.0	21.9	7.72	11.0	YES	210	2:30 PM
25	1.230	120	147.6	21.4	7.69	11.8	YES	210	2:50 PM
26	1.120	120	134.4	21.4	7.64	11.4	YES	210	1:30 PM
27	1.220	120	146.4	10.0	7.80	26.2	YES	210	3:00 AM
28	1.090	120	130.8	23.0	7.78	10.8	YES	210	16:40
29	1.230	120	147.6	22.0	7.68	11.3	YES	210	4:30 PM
30	1.330	120	159.6	20.6	7.79	13.0	YES	210	2:10 PM
31	1.400	120	168.0	10.0	7.99	28.7	YES	210	1:00 AM

♦ 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