

OHA - DWS

Membrane Filter Monthly Operating Report

County: **Marion**

System Name: **City of Gates**

Month/Year: **Sept. 2025**

PWS ID#: 41 - **00317**

Minimum test pressure applied: **10.7** psi

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

Minimum test pressure req'd: **10.5** psi

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]

0.230

LRC [log removal]

4.00

DIT
Daily

Day	CFE Daily Turbidity [NTU]	Highest CFE* [NTU]	Highest IFE [NTU] (>15 minutes)	Highest PDR of day [^{psi} /min]	Lowest LRV _{ambient} of day [log removal]	[Y/N] or "off"
1	0.030			0.110	4.77	Y
2	0.030			0.100	4.77	Y
3	0.034			0.100	4.77	Y
4	0.040			0.100	4.77	Y
5	0.040			0.100	4.77	Y
6						Off
7	0.030			0.110	4.77	Y
8	0.038			0.120	4.77	Y
9	0.038			0.100	4.77	Y
10						Off
11	0.040			0.110	4.77	Y
12						Off
13	0.038			0.090	4.77	Y
14	0.040			0.070	4.77	Y
15	0.038			0.080	4.77	Y
16						Off
17	0.039			0.090	4.77	Y
18	0.040			0.150	4.77	Y
19	0.041			0.080	4.77	Y
20	0.040			0.080	4.77	Y
21	0.040			0.080	4.77	Y
22	0.040			0.080	4.77	Y
23	0.040			0.080	4.77	Y
24	0.043			0.070	4.77	Y
25						Off
26	0.030			0.080	4.77	Y
27						Off
28	0.030			0.080	4.77	Y
29						Off
30	0.030			0.080	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: **10/2/2025**

SIGNATURE: 

WT CERT #: **5244**

Notes:

PHONE #: **503-897-2668**

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Disinfection Monthly Operating ReportSystem Name: City of GatesPWS ID#: 41 - 00317Plant ID : WTP - A

0.5

Log
Inactivation
Required via
Disinfection

Day	Minimum Cl ₂ Residual at 1 st 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	2.230	120	267.6	10.0	7.80	29.5	YES	210	2:00 PM
2	1.940	120	232.8	10.0	7.90	29.5	YES	210	3:00 PM
3	1.290	120	154.8	21.1	7.69	12.1	YES	210	1:15 PM
4	1.210	120	145.2	10.0	7.63	24.6	YES	210	9:10 AM
5	1.510	120	181.2	19.8	7.66	13.4	YES	210	10:50 AM
6									Off
7	1.740	120	208.8	20.3	7.64	13.2	YES	210	1:40 PM
8	1.750	120	210.0	21.0	7.80	13.4	YES	210	3:30 PM
9	1.340	120	160.8	22.0	7.65	11.3	YES	210	2:30 PM
10									Off
11	0.940	120	112.8	19.2	7.72	13.3	YES	210	2:20 PM
12									Off
13	0.980	120	117.6	20.4	7.75	12.5	YES	210	1:00 PM
14	1.080	120	129.6	10.0	7.59	23.9	YES	210	1:40 PM
15	0.860	120	103.2	20.1	7.56	11.7	YES	210	2:10 PM
16									Off
17	1.180	120	141.6	21.0	7.58	11.5	YES	210	1:45 PM
18	1.110	120	133.2	11.0	7.45	21.4	YES	210	1:00 AM
19	0.860	120	103.2	21.9	7.68	10.9	YES	210	3:00 PM
20	1.150	120	138.0	11.0	7.60	22.7	YES	210	1:30 PM
21	0.850	120	102.0	19.1	7.59	12.7	YES	210	1:45 PM
22	0.910	120	109.2	11.8	7.43	19.7	YES	210	4:00 PM
23	0.920	120	110.4	17.9	7.52	13.5	YES	210	2:15 PM
24	1.130	120	135.6	20.2	7.55	12.0	YES	210	1:50 PM
25									Off
26	1.510	120	181.2	20.4	7.88	13.9	YES	210	3:00 PM
27									Off
28	1.820	120	218.4	17.7	7.98	18.0	YES	210	1:20 PM
29									Off
30	1.460	120	175.2	19.1	7.90	15.2	YES	210	3:30 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

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