OHA - DWS

Membrane Filter Monthly Operating Report

County: **Marion**

System Name: **City of Gates**

Month/Year: **Oct-2025**

PWS ID#: 41 - **00317**

Minimum test pressure **applied**: **10.67** 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} [$^{psi}/_{min}$]	LRC [log removal]
0.230	4.00

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]	DIT Daily [Y/N] or "off"
1						Off
2	0.034			0.080	4.77	Y
3						Off
4						Off
5	0.030			0.080	4.77	Y
6						Off
7						Off
8	0.034			0.080	4.77	Y
9	0.030			0.040	4.77	Y
10						Off
11	0.033			0.088	4.77	Y
12						Off
13						Off
14	0.030			0.076	4.77	Y
15						Off
16						Off
17	0.030			0.080	4.77	Y
18						Off
19						Off
20	0.030			0.070	4.77	Y
21						Off
22						Off
23	0.033			0.080	4.77	Y
24						Off
25	0.030			0.070	4.77	Y
26	0.030			0.072	4.77	Y
27						Off
28						Off
29	0.030			0.078		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 ≤ 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: 11/03/2025

SIGNATURE: Gregory R Benthin

WT CERT #: 5244

Notes:

PHONE #: 503-897-2669

Revised 10/1/2024

♣ *Used for optimization purposes only.*

OHA-DWS

Disinfection Monthly Operating Report

System Name: **City of Gates**

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									Off
2	1.140	120	136.8	18.3	7.92	15.6	YES	210	4:25 PM
3									Off
4									Off
5	0.940	120	112.8	18.6	7.84	14.5	YES	210	1:20 PM
6									Off
7									Off
8	0.950	120	114.0	18.5	7.85	14.7	YES	210	4:15 PM
9	1.390	120	166.8	11.0	8.04	27.2	YES	210	1:00 AM
10									Off
11	1.030	120	123.6	17.9	8.22	17.7	YES	210	1:00 PM
12									Off
13									Off
14	1.620	120	194.4	11.0	7.85	26.1	YES	210	1:45 PM
15									Off
16									Off
17	1.180	120	141.6	16.4	7.92	17.8	YES	210	1:25 PM
18									Off
19									Off
20	1.050	120	126.0	17.3	8.00	17.0	YES	210	1:15 PM
21									Off
22									Off
23	1.290	120	154.8	17.3	7.98	17.4	YES	210	1:20 PM
24									Off
25	1.190	120	142.8	16.4	8.09	19.0	YES	210	1:15 PM
26	0.740	120	88.8	15.3	7.97	18.6	YES	210	1:30 PM
27									Off
28									Off
29	0.900	120	108.0	16.0	7.99	18.2	YES	210	2:00 PM
30									Off
31									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

Revised 7/31/2023