OHA - DWS

Membrane Filter Monthly Operating Report

County: **Marion**

System Name: **City of Gates**

Month/Year: **Nov/2025**

PWS ID#: 41 - **00317**

Minimum test pressure **applied**: **10.5** 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]	DIT Daily
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]	[Y/N] or "off"
1	0.030			0.070	4.77	Y
2						Off
3	0.034			0.070	4.77	Y
4						Off
5						Off
6	0.036			0.070	4.77	Y
7	0.030			0.060	4.77	Y
8						Off
9	0.033			0.090	4.77	Y
10	0.030			0.080	4.77	Y
11						Off
12	0.030			0.080	4.77	Y
13						Off
14						Off
15	0.030			0.080	4.77	Y
16	0.038			0.070	4.77	Y
17						Off
18	0.030			0.080	4.77	Y
19						Off
20						Off
21	0.033			0.090	4.77	Y
22						Off
23						Off
24	0.035			0.080	4.77	Y
25						Off
26	0.030			0.100	4.77	Y
27						Off
28	0.030			0.090	4.77	Y
29						Off
30						Off
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:** 12/2/2025

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

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

♣ *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	0.930	120	111.6	16.5	7.86	16.8	YES	210	1:30 PM
2									Off
3	0.680	120	81.6	16.4	7.73	15.7	YES	210	1:35 PM
4									Off
5									Off
6	0.860	120	103.2	16.5	7.84	16.6	YES	210	1:30 PM
7	1.170	120	140.4	15.9	7.81	17.7	YES	210	8:40 AM
8									Off
9	0.760	120	91.2	15.0	7.79	17.8	YES	210	1:40 PM
10	1.180	120	141.6	13.0	7.84	21.7	YES	210	8:44 AM
11									Off
12	1.410	120	169.2	16.0	7.88	18.5	YES	210	3:35 PM
13									Off
14									Off
15	1.190	120	142.8	14.4	7.90	20.2	YES	210	1:40 PM
16	1.140	120	136.8	16.0	7.76	17.2	YES	210	2:00 PM
17									Off
18	1.110	120	133.2	15.5	7.90	18.6	YES	210	4:00 PM
19									Off
20									Off
21	0.640	120	76.8	15.1	7.85	17.8	YES	210	1:15 PM
22									Off
23									Off
24	1.210	120	145.2	14.9	7.88	19.4	YES	210	2:30 PM
25									Off
26	0.980	120	117.6	14.6	7.81	18.8	YES	210	1:25 PM
27									Off
28	1.020	120	122.4	15.0	7.56	16.8	YES	210	4:00 PM
29									Off
30									Off
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