OHA - DWS

Membrane Filter Monthly Operating Report

County: **Marion**

System Name: **City of Gates** Month/Year: **Dec-2025**

PWS ID#: 41 - **00317** Minimum test pressure **applied**: **10.57** psi

Plant ID: WTP - **A** Minimum test pressure **req'd**: **10.5** psi

(e.g., "A")

DIT = Direct Integrity Test on filter(s) [Yes, No, or "off" if all filters are offline] ➪

PDR = Pressure Decay Rate | **PDR_{Max} [$^{psi}/_{min}$]** | **LRC [log removal]** | **DIT Daily**

LRC = Log Removal Credit | **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			0.092	4.77	Y
2	0.030			0.070	4.77	Y
3						Off
4	0.030			0.080	4.77	Y
5	0.040			0.070	4.77	Y
6						Off
7	0.034			0.080	4.77	Y
8						Off
9	0.040			0.080	4.77	Y
10						Off
11	0.030			0.080	4.77	Y
12						Off
13						Off
14	0.030			0.080	4.77	Y
15						Off
16						Off
17	0.038			0.090	4.77	Y
18	0.037			0.080	4.77	Y
19	0.029			0.090	4.77	Y
20						Off
21	0.029			0.090	4.77	Y
22						Off
23	0.030			0.136	4.77	Y
24						Off
25						Off
26	0.030			0.134	4.77	Y
27						Off
28	0.030			0.094	4.77	Y
29						Off
30	0.029			0.096	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	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 Bent;hin** **DATE:** 1/5/2026

SIGNATURE: Gregory R Bent;hin **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	1.050	120	126.0	14.7	7.80	18.8	YES	210	4:00 PM
2	1.070	120	128.4	15.0	7.72	17.9	YES	210	11:11 AM
3									Off
4	1.070	120	128.4	13.5	7.76	20.1	YES	210	3:45 PM
5	1.060	120	127.2	14.3	7.77	19.1	YES	210	4:00 PM
6									Off
7	0.980	120	117.6	14.9	7.68	17.6	YES	210	1:40 PM
8									Off
9	0.870	120	104.4	15.7	7.60	16.0	YES	210	2:05 PM
10									Off
11	0.630	120	75.6	15.8	7.29	13.8	YES	210	3:00 PM
12									Off
13									Off
14	0.770	120	92.4	13.2	7.57	18.5	YES	210	Y
15									Off
16									Off
17	0.650	120	78.0	14.0	7.69	18.1	YES	210	Y
18	1.050	120	126.0	15.1	7.67	17.4	YES	210	Y
19	0.760	120	91.2	14.7	7.34	15.3	YES	210	Y
20									Off
21	1.180	120	141.6	12.7	7.55	19.9	YES	210	Y
22									Off
23	0.610	120	73.2	15.1	7.57	16.0	YES	210	Y
24									Off
25									Off
26	0.590	120	70.8	13.9	7.67	17.9	YES	210	1:50 PM
27									Off
28	1.150	120	138.0	12.6	7.71	21.1	YES	210	1:30 PM
29									Off
30	1.420	120	170.4	14.5	7.73	19.4	YES	210	2:00 PM
31	1.440	120	172.8	14.6	7.71	19.1	YES	210	2:00 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