

# OHA - DWS

## Membrane Filter Monthly Operating Report

County: **Marion**

System Name: **City of Gates**

Month/Year: **Jan-2026**

PWS ID#: 41 - **00317**

Minimum test pressure applied: **10.64** 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

LRC = Log Removal Credit

Day	CFE Daily Turbidity [NTU]	Highest CFE* [NTU]	Highest IFE [NTU] (>15 minutes)	PDR <sub>Max</sub> [psi/min]		LRC [log removal]	DIT Daily
				0.230			
				4.00			
				Highest PDR of day [psi/min]	Lowest LRV <sub>ambient</sub> of day [log removal]	[Y/N] or "off"	
1	0.030			0.094	4.77	Y	
2	0.030			0.094	4.77	Y	
3	0.030			0.100	4.77	Y	
4						Off	
5	0.030			0.090	4.77	Y	
6	0.031			0.096	4.77	Y	
7						Off	
8	0.030			0.084	4.77	Y	
9						Off	
10	0.030			0.090	4.77	Y	
11	0.030			0.104	4.77	Y	
12	0.029			0.090	4.77	Y	
13						Off	
14	0.050			0.160	4.70	Y	
15						Off	
16	0.040			0.110	4.74	Y	
17						Off	
18						Off	
19						Off	
20	0.030			0.096	4.77	Y	
21	0.029			0.118	4.90	Y	
22	0.029			0.128	4.77	Y	
23						Off	
24	0.029			0.080	4.77	Y	
25						Off	
26	0.030			0.090	4.77	Y	
27	0.030			0.094	4.77	Y	
28						Off	
29	0.030			0.100	4.77	Y	
30	0.030			0.090	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 <sub>Max</sub> , LRV ≥ LRC)	DIT Daily?
Yes	Yes	Yes	Yes	Yes
CT's met daily? (p. 2)	All Cl <sub>2</sub> residual at EP ≥ 0.2 mg/L?	PDR ≤ PDR <sub>Max</sub> ?	LRV <sub>ambient</sub> ≥ LRC?	
		Yes	Yes	

PRINTED NAME: **Gregory R Bent;hin** DATE: **2/4/2026**  
 SIGNATURE: *Gregory R Bent* 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 <sub>2</sub> Residual at 1 <sup>st</sup> 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	1.200	120	144.0	12.0	7.70	22.1	YES	210	
2	1.210	120	145.2	11.5	7.78	23.5	YES	210	
3	1.330	120	159.6	11.2	7.85	24.9	YES	210	
4									Plant Off
5	1.020	120	122.4	14.7	7.79	18.7	YES	210	
6	1.190	120	142.8	14.4	7.70	18.8	YES	210	
7									Plant Off
8	1.610	120	193.2	13.8	7.88	21.9	YES	210	
9									Plant Off
10	1.170	120	140.4	12.8	7.75	21.2	YES	210	
11	1.370	120	164.4	14.3	7.70	19.3	YES	210	
12	1.350	120	162.0	14.4	7.72	19.3	YES	210	
13									Plant Off
14	1.390	120	166.8	14.0	7.70	19.7	YES	210	
15									Plant Off
16	1.120	120	134.4	15.2	7.76	18.1	YES	210	
17									Plant Off
18									Plant Off
19									Plant Off
20	1.540	120	184.8	14.5	7.80	20.1	YES	210	
21	1.230	120	147.6	12.6	7.73	21.5	YES	210	
22	1.250	120	150.0	14.3	7.70	19.0	YES	210	
23									Plant Off
24	1.210	120	145.2	11.3	7.88	24.7	YES	210	
25									Plant Off
26	1.180	120	141.6	13.9	7.76	19.8	YES	210	
27	1.420	120	170.4	13.9	7.77	20.4	YES	210	
28									Plant Off
29	1.140	120	136.8	14.6	7.76	18.8	YES	210	
30	1.330	120	159.6	11.9	7.74	22.9	YES	210	
31									Plant 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 10<sup>th</sup> of following month by**

mail: Drinking Water Services  
PO Box 14350  
Portland, OR 97293-0350

email: [dwp.dmce@odhsoha.oregon.gov](mailto:dwp.dmce@odhsoha.oregon.gov)

fax: 971-673-0458