

OHA - DWS

Membrane Filter Monthly Operating Report

County: **Marion**

System Name: **City of Gates**

Month/Year: **Feb-2026**

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]
0.230	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			0.100	4.77	Y
2	0.030			0.110	4.77	Y
3	0.030			0.100	4.77	Y
4						Off
5	0.030			0.120	4.77	Y
6						Off
7	0.030			0.140	4.77	Y
8						Off
9	0.030			0.130	4.77	Y
10						Off
11	0.040			0.210	4.77	Y
12						Off
13	0.039			0.090	4.77	Y
14						Off
15	0.038			0.120	4.77	Y
16						Off
17	0.039			0.190	4.77	Y
18						Off
19	0.040			0.090	4.77	Y
20						Off
21	0.040			0.100	4.77	Y
22						Off
23	0.040			0.100	4.77	Y
24						Off
25	0.030			0.100	4.77	Y
26						Off
27	0.030			0.090	4.77	Y
28						Off
29						
30						
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: **3/5/2026**
 SIGNATURE:  WT CERT #: **5244**
 Notes: PHONE #: **503-897-2669**

♣ Used for optimization purposes only.

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 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	1.050	120	126.0	14.8	7.86	19.1	YES	210	
2	1.640	120	196.8	14.4	7.75	20.1	YES	210	
3	1.300	120	156.0	14.7	7.91	20.1	YES	210	
4									Plant Off
5	1.110	120	133.2	13.7	7.99	21.7	YES	210	
6									Plant Off
7	1.050	120	126.0	15.1	7.79	18.2	YES	210	
8									Plant Off
9	1.190	120	142.8	15.1	7.78	18.5	YES	210	
10									Plant Off
11	1.910	120	229.2	5.0	7.88	41.2	YES	210	
12									Plant Off
13	1.330	120	159.6	14.5	8.03	21.4	YES	210	
14									Plant Off
15	0.920	120	110.4	11.7	8.07	24.9	YES	210	
16									Plant Off
17	1.030	120	123.6	14.4	7.75	18.8	YES	210	
18									Plant Off
19	1.240	120	148.8	14.7	8.18	22.1	YES	210	
20									Plant Off
21	1.190	120	142.8	14.8	7.81	19.0	YES	210	
22									Plant Off
23	0.920	120	110.4	14.8	8.08	20.4	YES	210	
24									Plant Off
25	1.210	120	145.2	15.6	7.86	18.4	YES	210	
26									Plant Off
27	1.010	120	121.2	15.5	7.78	17.6	YES	210	
28									Plant Off
29									
30									
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