

# OHA - DWS

## Membrane Filter Monthly Operating Report

County: **Marion**

System Name: **City of Gates**

Month/Year: **Mar-2026**

PWS ID#: 41 - **00317**

Minimum test pressure applied: **10.56** 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

PDR <sub>Max</sub> [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 <sub>ambient</sub> of day [log removal]	[Y/N] or "off"
1	0.029			0.090	4.77	Y
2						Off
3	0.029			0.090	4.77	Y
4						Off
5	0.029			0.090	4.77	Y
6	0.029			0.090	4.77	Y
7						Off
8	0.029			0.090	4.77	Y
9						Off
10	0.030			0.090	4.77	Y
11						Off
12						Off
13	0.030			0.080	4.77	Y
14						Off
15	0.030			0.080	4.77	Y
16						Off
17	0.030			0.080	4.77	Y
18						Off
19	0.030			0.086	4.77	Y
20						Off
21	0.029			0.090	4.77	Y
22						Off
23	0.029			0.090	4.77	Y
24						Off
25	0.029			0.090	4.77	Y
26						Off
27	0.030			0.090	4.77	Y
28						Off
29	0.031			0.084	4.77	Y
30						Off
31	0.030			0.094	4.77	Y

**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	Yes	Yes	

PRINTED NAME: **Gregory R Bent;hin**      DATE: **4/1/2026**

SIGNATURE:       WT CERT #: **5944**

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 <sub>2</sub> Residual at 1 <sup>st</sup> User ( C ) <sup>†</sup> [mg/L = ppm]	Contact Time (T) [minutes]	Actual CT C x T (Formula)	Temp [° C]	pH	Required CT (Formula)	CT Met? <sup>†</sup> [Yes / No] (Formula)	Peak Hourly Demand Flow [GPM]	Notes (e.g. "Plant Off")
1	0.990	120	118.8	15.1	8.13	20.5	YES	210	
2									Plant Off
3	1.590	120	190.8	15.4	7.82	19.2	YES	210	
4									Plant Off
5	1.310	120	157.2	15.4	8.15	21.0	YES	210	
6	1.230	120	147.6	14.8	8.14	21.6	YES	210	
7									Plant Off
8	1.020	120	122.4	15.3	7.84	18.3	YES	210	
9									Plant Off
10	1.650	120	198.0	14.4	8.13	23.2	YES	210	
11									Plant off
12									Plant Off
13	1.040	120	124.8	15.3	7.80	18.0	YES	210	
14									Plant Off
15	0.820	120	98.4	15.5	7.71	16.8	YES	210	
16									Plant Off
17	1.000	120	120.0	16.4	7.89	17.3	YES	210	
18									Plant Off
19	0.820	120	98.4	15.6	8.09	19.2	YES	210	
20									Plant Off
21	1.030	120	123.6	14.9	8.15	21.0	YES	210	
22									Plant Off
23	1.040	120	124.8	14.7	8.29	22.5	YES	210	
24									Plant Off
25	1.010	120	121.2	14.3	8.14	21.8	YES	210	
26									Plant Off
27	1.290	120	154.8	14.6	8.12	21.9	YES	210	
28									Plant Off
29	1.120	120	134.4	14.4	8.14	21.9	YES	210	
30									Plant Off
31	1.220	120	146.4	14.3	7.90	20.4	YES	210	

<sup>†</sup> 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