OHA - DWS

Membrane Filter Monthly Operating Report

System Name: idanha Water Plant
PWS ID#: 41 - 00394
Plant ID: WTP - A (e.g., "A")

County: linn
Month/Year: Apr-2025
Minimum test pressure applied: 25.6 psi
Minimum test pressure req'd: 18.2 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]
0.070	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]	DIT Daily [Y/N] or "off"
1	0.010	0.014	0.014	0.047	4.70	y
2	0.014	0.02	0.020	0.046	4.74	y
3	0.015	0.017	0.017	0.049	4.70	y
4	0.010	0.018	0.018	0.049	7.68	y
5	0.011	0.02	0.020	0.048	4.69	y
6	0.010	0.021	0.021	0.048	4.68	y
7	0.011	0.013	0.013	0.046	4.72	y
8	0.012	0.013	0.013	0.046	4.72	y
9	0.013	0.014	0.014	0.047	4.70	y
10	0.013	0.017	0.017	0.047	4.70	y
11	0.090	0.017	0.017	0.048	4.77	y
12	0.014	0.017	0.017	0.047	4.95	y
13	0.011	0.015	0.015	0.048	4.68	y
14	0.014	0.015	0.015	0.045	4.71	y
15	0.014	0.015	0.015	0.047	4.72	y
16	0.013	0.015	0.015	0.046	4.70	y
17	0.014	0.015	0.015	0.046	4.71	y
18	0.015	0.016	0.016	0.046	4.71	y
19	0.017	0.021	0.021	0.047	4.68	y
20	0.018	0.021	0.021	0.046	4.74	y
21	0.019	0.02	0.020	0.048	4.68	y
22	0.021	0.021	0.021	0.048	4.68	y
23	0.021	0.024	0.024	0.048	4.68	y
24	0.021	0.024	0.024	0.048	4.68	y
25	0.020	0.021	0.021	0.045	4.70	y
26	0.020	0.021	0.021	0.046	4.74	y
27	0.021	0.025	0.025	0.042	4.77	y
28	0.021	0.025	0.025	0.046	4.77	y
29	0.013	0.014	0.014	0.046	4.69	y
30	0.012	0.014	0.014	0.044	4.77	y
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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: Robert Bruce
SIGNATURE: Robert Bruce
Notes:

DATE: 5-5-2025
WT CERT #: 7136
PHONE #: 503-854-3313

* *Used for optimization purposes only.*

OHA-DWS

Disinfection Monthly Operating Report

System Name: **Idanha Water Plant**

PWS ID#: 41 - **00394**

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	1.170	187	218.8	7.4	7.40	26.9	YES	53	
2	1.220	187	228.1	6.9	7.40	28.0	YES	53	
3	1.120	187	209.4	6.9	7.40	27.7	YES	53	
4	1.120	187	209.4	7.3	7.40	27.0	YES	53	
5	1.150	187	215.1	7.4	7.40	26.8	YES	53	
6	1.170	187	218.8	7.4	7.40	26.9	YES	53	
7	1.450	187	271.2	7.8	7.40	27.0	YES	53	
8	1.330	187	248.7	7.5	7.40	27.2	YES	53	
9	1.450	187	271.2	7.9	7.40	26.9	YES	53	
10	1.330	187	248.7	7.7	7.40	26.9	YES	55	
11	1.760	187	329.1	8.2	7.40	27.3	YES	53	
12	1.020	187	190.7	7.9	7.50	26.5	YES	53	
13	1.100	187	205.7	8.0	7.50	26.6	YES	53	
14	1.100	187	205.7	8.1	7.50	26.4	YES	61	
15	0.900	187	168.3	8.4	7.40	24.4	YES	60	
16	1.120	187	209.4	8.4	7.40	25.0	YES	55	
17	1.120	187	209.4	8.4	7.40	25.0	YES	53	
18	1.050	187	196.4	8.2	7.40	25.1	YES	53	
19	1.280	187	239.4	8.2	7.40	25.8	YES	53	
20	1.200	187	224.4	8.1	7.50	26.7	YES	53	
21	1.120	187	209.4	8.0	7.50	26.6	YES	53	
22	1.210	187	226.3	8.2	7.50	26.5	YES	55	
23	1.200	187	224.4	8.5	7.50	26.0	YES	53	
24	1.220	187	228.1	8.5	7.50	26.0	YES	53	
25	1.250	187	233.8	9.1	7.50	25.1	YES	53	
26	1.120	187	209.4	9.0	7.50	24.9	YES	53	
27	1.120	187	209.4	8.5	7.50	25.8	YES	55	
28	1.440	187	269.3	8.7	7.50	26.4	YES	53	
29	1.120	187	209.4	8.5	7.50	25.8	YES	55	
30	1.330	187	248.7	8.9	7.50	25.7	YES	53	
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* 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

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