OHA - DWS

Membrane Filter Monthly Operating Report

County: linn

System Name: idanha Water Plant

Month/Year: May-2025

PWS ID#: 41 - 00394

Minimum test pressure applied: 25.5 psi

Plant ID: WTP - A (e.g., "A")

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]	DIT Daily
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]	[Y/N] or "off"
1	0.013	0.015	0.015	0.045	4.70	y
2	0.016	0.016	0.016	0.046	4.69	y
3	0.014	0.02	0.020	0.043	4.71	y
4	0.016	0.02	0.020	0.043	4.78	y
5	0.016	0.02	0.020	0.050	4.67	y
6	0.090	0.021	0.017	0.046	4.73	y
7	0.014	0.013	0.024	0.046	4.73	y
8	0.070	0.013	0.017	0.046	4.72	y
9	0.080	0.014	0.022	0.046	4.70	y
10	0.080	0.017	0.029	0.046	4.78	y
11	0.080	0.017	0.029	0.046	4.78	y
12	0.090	0.017	0.010	0.045	4.75	y
13	0.011	0.015	0.012	0.045	4.68	y
14	0.011	0.015	0.012	0.046	4.72	y
15	0.012	0.015	0.012	0.047	4.70	y
16	0.011	0.015	0.012	0.047	4.70	y
17	0.017	0.015	0.013	0.044	4.72	y
18	0.023	0.016	0.013	0.049	4.60	y
19	0.012	0.021	0.014	0.045	4.70	y
20	0.060	0.021	0.015	0.045	4.77	y
21	0.060	0.02	0.015	0.047	4.77	y
22	0.060	0.021	0.015	0.047	4.79	y
23	0.090	0.024	0.012	0.044	4.79	y
24	0.050	0.024	0.013	0.044	4.75	y
25	0.050	0.021	0.013	0.043	4.72	y
26	0.060	0.021	0.015	0.045	4.76	y
27	0.060	0.025	0.015	0.043	7.74	y
28	0.090	0.025	0.017	0.043	4.76	y
29	0.011	0.014	0.020	0.043	4.75	y
30	0.011	0.014	0.012	0.043	4.75	y
31	0.060	0.012	0.012	0.043	4.75	Y

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	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

DATE: 6-9-25

WT CERT #: 4136

PHONE #: 503-854-3313

Notes:

Revised 10/1/2024

* *Used for optimization purposes only.*

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	1.120	187	209.4	9.1	7.50	24.7	YES	62	
2	1.280	187	239.4	9.0	7.50	25.4	YES	62	
3	1.330	187	248.7	9.0	7.50	25.5	YES	62	
4	1.300	187	243.1	8.5	7.50	26.3	YES	62	
5	1.120	187	209.4	8.5	7.45	25.3	YES	62	
6	1.020	187	190.7	8.2	7.40	25.1	YES	62	
7	1.300	187	243.1	8.2	7.40	25.9	YES	62	
8	1.530	187	286.1	8.2	7.40	26.6	YES	62	
9	1.400	187	261.8	8.2	7.40	26.2	YES	62	
10	1.630	187	304.8	8.2	7.40	26.9	YES	62	
11	1.660	187	310.4	8.6	7.40	26.3	YES	62	
12	1.040	187	194.5	8.2	7.50	26.0	YES	62	
13	1.020	187	190.7	8.2	7.50	26.0	YES	62	
14	0.990	187	185.1	8.2	7.50	25.9	YES	62	
15	1.120	187	209.4	8.3	7.40	25.2	YES	62	
16	1.060	187	198.2	8.5	7.40	24.7	YES	62	
17	1.070	187	200.1	8.1	7.40	25.4	YES	63	
18	1.500	187	280.5	8.2	7.40	26.5	YES	63	
19	1.050	187	196.4	8.2	7.40	25.1	YES	63	
20	1.210	187	226.3	8.2	7.50	26.5	YES	62	
21	1.040	187	194.5	8.5	7.50	25.5	YES	62	
22	1.260	187	235.6	8.7	7.50	25.8	YES	62	
23	1.570	187	293.6	9.4	7.50	25.5	YES	62	
24	1.270	187	237.5	9.4	7.50	24.7	YES	62	
25	1.100	187	205.7	9.9	7.50	23.4	YES	63	
26	1.100	187	205.7	9.8	7.50	23.6	YES	63	
27	1.670	187	312.3	9.2	7.50	26.2	YES	63	
28	1.320	187	246.8	9.0	7.50	25.5	YES	62	
29	1.040	187	194.5	9.3	7.50	24.2	YES	62	
30	1.310	187	245.0	9.2	7.50	25.1	YES	62	
31	1.040	187	194.5	9.3	7.40	23.3	YES	63	

* 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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