

OHA - DWS

Membrane Filter Monthly Operating Report

County: linnSystem Name: idanha Water PlantMonth/Year: Aug-2025PWS ID#: 41 - 00394Minimum test pressure applied: 25.5 psiPlant ID: WTP - AMinimum test pressure req'd: 18.2 - 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_{Max} [$\frac{\text{psi}}{\text{min}}$]

0.070

LRC [log removal]

4.00

DIT
Daily

Day	CFE Daily Turbidity [NTU]	Highest CFE* [NTU]	Highest IFE [NTU] (>15 minutes)	Highest PDR of day [$\frac{\text{psi}}{\text{min}}$]	Lowest LRV _{ambient} of day [log removal]	[Y/N] or "off"
1	0.090	0.022	0.022	0.045	4.64	y
2	0.010	0.022	0.022	0.047	4.61	y
3	0.013	0.016	0.016	0.045	4.62	y
4	0.020	0.016	0.020	0.045	4.62	y
5	0.016	0.018	0.018	0.049	4.66	y
6	0.017	0.023	0.023	0.047	4.69	y
7	0.017	0.023	0.023	0.047	4.69	y
8	0.016	0.016	0.016	0.043	4.67	y
9	0.080	0.02	0.020	0.043	4.68	y
10	0.090	0.015	0.015	0.046	4.70	y
11	0.011	0.017	0.017	0.041	4.69	y
12	0.011	0.018	0.018	0.039	4.83	y
13	0.012	0.024	0.024	0.039	4.84	y
14	0.011	0.016	0.016	0.039	7.84	y
15	0.070	0.02	0.020	0.041	4.85	y
16	0.080	0.02	0.020	0.040	4.85	y
17	0.090	0.02	0.020	0.040	4.85	y
18	0.090	0.016	0.015	0.041	4.83	y
19	0.090	0.013	0.013	0.041	4.38	y
20	0.010	0.013	0.013	0.040	4.93	y
21	0.012	0.015	0.015	0.037	4.84	y
22	0.060	0.018	0.018	0.039	4.86	y
23	0.060	0.019	0.019	0.039	4.86	y
24	0.080	0.018	0.018	0.038	4.88	y
25	0.080	0.017	0.017	0.038	4.88	y
26	0.090	0.018	0.018	0.037	4.89	y
27	0.090	0.017	0.017	0.041	4.84	y
28	0.011	0.018	0.018	0.039	4.84	y
29	0.014	0.024	0.024	0.039	4.84	y
30	0.070	0.024	0.024	0.040	4.87	y
31	0.070	0.024	0.024	0.039	4.83	y

Yes	All turbidity readings ≤ 5 NTU? [Y/N] Yes	All IFE turbidity readings ≤ 0.15 NTU? [Y/N] Yes	Performance std met? [Y/N] ($\text{PDR} \leq \text{PDR}_{\text{Max}}$, $\text{LRV} \geq \text{LRC}$) Yes	DIT Daily? Yes
CT's met daily? (p. 2) Yes	All Cl_2 residual at EP ≥ 0.2 mg/L? Yes	$\text{PDR} \leq \text{PDR}_{\text{Max}}$? Yes	$\text{LRV}_{\text{ambient}} \geq \text{LRC}$? Yes	

PRINTED NAME: Robert Bruce

SIGNATURE: *Robert Bruce*

Notes:

DATE:

9/2/2025

WT CERT #:

7130

PHONE #:

503-854-3313

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Disinfection Monthly Operating ReportSystem Name: idanha Water PlantPWS ID#: 41 - 00394**0.5**Log
Inactivation
Required via
DisinfectionPlant ID : WTP - A

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	1.070	187	200.1	13.0	7.50	18.9	YES	62	
2	1.070	187	200.1	13.1	7.50	18.8	YES	62	
3	0.850	187	159.0	13.0	7.50	18.4	YES	63	
4	0.780	187	145.9	12.8	7.50	18.5	YES	62	
5	1.250	187	233.8	15.1	7.50	16.8	YES	62	
6	0.990	187	185.1	14.4	7.50	17.0	YES	62	
7	1.100	187	205.7	14.4	7.50	17.3	YES	62	
8	0.850	187	159.0	12.6	7.50	18.9	YES	62	
9	1.250	187	233.8	12.6	7.40	19.1	YES	63	
10	1.090	187	203.8	12.6	7.40	18.7	YES	62	
11	1.090	187	203.8	13.1	7.40	18.1	YES	62	
12	0.910	187	170.2	13.9	7.50	17.5	YES	62	
13	1.090	187	203.8	14.5	7.50	17.1	YES	62	
14	0.910	187	170.2	14.3	7.50	17.0	YES	62	
15	0.790	187	147.7	14.8	7.40	15.6	YES	62	
16	1.100	187	205.7	12.9	7.40	18.4	YES	62	
17	0.970	187	181.4	16.1	7.40	14.6	YES	66	
18	0.900	187	168.3	14.1	7.40	16.6	YES	63	
19	1.300	187	243.1	13.1	7.40	18.5	YES	63	
20	1.010	187	188.9	13.6	7.50	18.0	YES	62	
21	1.280	187	239.4	13.1	7.50	19.2	YES	62	
22	1.300	187	243.1	13.1	7.50	19.2	YES	62	
23	1.160	187	216.9	13.1	7.50	18.9	YES	62	
24	1.250	187	233.8	13.6	7.50	18.5	YES	62	
25	1.140	187	213.2	13.1	7.50	18.9	YES	64	
26	1.100	187	205.7	13.1	7.60	19.5	YES	63	
27	1.100	187	205.7	14.7	7.50	16.9	YES	63	
28	0.900	187	168.3	12.4	7.50	19.4	YES	62	
29	0.820	187	153.3	14.1	7.50	17.1	YES	62	
30	1.000	187	187.0	12.4	7.50	19.6	YES	63	
31	0.990	187	185.1	15.3	7.50	16.1	YES	64	

* 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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