

OHA - DWS

Membrane Filter Monthly Operating Report

County: linn

System Name: idanha Water Plant

Month/Year: Nov-2025

PWS ID#: 41 - 00394

Minimum test pressure applied: 25.5 psi

Plant ID: WTP - A

Minimum 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

DIT = Direct Integrity Test on filter(s) [Yes, No, or "off" if all filters are offline] ⇌						DIT Daily
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]	[Y/N] or "off"
1	0.013	0.014	0.014	0.040	4.79	y
2	0.013	0.016	0.016	0.049	4.62	y
3	0.013	0.014	0.014	0.049	4.70	y
4	0.014	0.014	0.013	0.047	4.76	y
5	0.014	0.014	0.014	0.047	4.75	y
6	0.016	0.017	0.017	0.047	4.75	y
7	0.017	0.016	0.016	0.048	4.86	y
8	0.017	0.018	0.018	0.049	4.50	y
9	0.022	0.019	0.022	0.047	4.76	y
10	0.022	0.022	0.022	0.042	4.81	y
11	0.013	0.029	0.029	0.045	4.82	y
12	0.018	0.023	0.023	0.046	4.81	y
13	0.018	0.016	0.018	0.045	4.76	y
14	0.011	0.016	0.016	0.046	4.78	y
15	0.010	0.02	0.02	0.045	4.72	y
16	0.010	0.024	0.024	0.046	4.93	y
17	0.011	0.024	0.015	0.046	4.75	y
18	0.012	0.029	0.019	0.047	4.75	y
19	0.011	0.035	0.016	0.057	4.70	y
20	0.012	0.016	0.016	0.048	4.75	y
21	0.013	0.016	0.016	0.048	4.70	y
22	0.014	0.015	0.016	0.048	4.73	y
23	0.016	0.016	0.017	0.049	4.78	y
24	0.020	0.016	0.017	0.047	4.80	y
25	0.023	0.013	0.02	0.047	4.79	y
26	0.024	0.014	0.017	0.049	4.72	y
27	0.011	0.015	0.013	0.046	4.81	y
28	0.015	0.017	0.013	0.048	4.77	y
29	0.010	0.016	0.013	0.048	4.77	y
30	0.010	0.014	0.013	0.047	4.79	y
31						

	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:

Notes:

DATE:

WT CERT #:

PHONE #:

12/11/25
7136
503-854-3313

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Disinfection Monthly Operating ReportSystem Name: idanha Water PlantPWS ID#: 41 - 00394Plant 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	1.190	187	222.5	11.7	6.90	17.1	YES	62	
2	1.110	187	207.6	10.9	6.90	17.8	YES	62	
3	1.190	187	222.5	11.0	6.90	17.8	YES	62	
4	1.080	187	202.0	11.0	6.90	17.6	YES	62	
5	1.100	187	205.7	11.0	6.90	17.7	YES	62	
6	0.920	187	172.0	11.6	6.90	16.7	YES	62	
7	1.020	187	190.7	11.5	6.90	17.0	YES	62	
8	1.100	187	205.7	11.1	6.90	17.6	YES	62	
9	1.200	187	224.4	11.1	6.90	17.8	YES	62	
10	1.260	187	235.6	11.6	6.90	17.3	YES	62	
11	1.070	187	200.1	12.2	6.90	16.3	YES	62	
12	1.100	187	205.7	12.3	6.90	16.3	YES	62	
13	0.980	187	183.3	12.1	6.90	16.3	YES	62	
14	0.890	187	166.4	12.1	6.90	16.1	YES	62	
15	0.850	187	159.0	12.2	6.90	15.9	YES	62	
16	0.900	187	168.3	10.7	6.90	17.6	YES	62	
17	0.900	187	168.3	11.3	6.90	17.0	YES	62	
18	0.900	187	168.3	10.3	6.90	18.1	YES	62	
19	0.850	187	159.0	8.9	6.90	19.7	YES	62	
20	0.770	187	144.0	9.7	6.90	18.5	YES	62	
21	0.890	187	166.4	8.2	6.90	20.7	YES	62	
22	0.890	187	166.4	7.8	6.90	21.3	YES	62	
23	0.900	187	168.3	7.6	6.90	21.6	YES	62	
24	0.980	187	183.3	10.0	6.90	18.6	YES	62	
25	0.820	187	153.3	8.0	6.90	20.8	YES	62	
26	0.790	187	147.7	8.2	6.90	20.5	YES	62	
27	0.870	187	162.7	8.9	6.90	19.7	YES	62	
28	0.940	187	175.8	10.1	6.90	18.4	YES	62	
29	0.890	187	166.4	10.1	6.90	18.3	YES	62	
30	0.870	187	162.7	11.1	6.90	17.1	YES	62	
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@odhs.oha.oregon.gov

fax: 971-673-0458

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