

**Membrane Filter Monthly Operating Report**

System Name: idanha Water Plant

County: linn

PWS ID#: 41 - 00394

Month/Year: Dec-2025

Plant ID: WTP - A

Minimum test pressure applied: 25.5 psi

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

PDR<sub>Max</sub> [<sup>psi</sup>/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 [ <sup>psi</sup> /min]	Lowest LRV <sub>ambient</sub> of day [log removal]	[Y/N] or "off"
1	0.013	0.014	0.014	0.049	4.77	y
2	0.016	0.01	0.016	0.046	4.81	y
3	0.016	0.018	0.018	0.049	4.78	y
4	0.018	0.01	0.018	0.049	4.78	y
5	0.018	0.014	0.018	0.049	4.78	y
6	0.014	0.021	0.021	0.047	4.78	y
7	0.014	0.021	0.021	0.048	4.81	y
8	0.013	0.019	0.019	0.043	4.81	y
9	0.013	0.019	0.019	0.043	4.78	y
10	0.017	0.021	0.021	0.048	4.78	y
11	0.017	0.021	0.021	0.048	4.78	y
12	0.027	0.019	0.027	0.046	4.76	y
13	0.029	0.025	0.029	0.051	4.72	y
14	0.029	0.024	0.029	0.051	4.72	y
15	0.012	0.014	0.014	0.045	4.72	y
16	0.010	0.013	0.013	0.045	4.73	y
17	0.013	0.013	0.013	0.048	4.73	y
18	0.010	0.013	0.013	0.048	4.75	y
19	0.021	0.014	0.021	0.045	4.73	y
20	0.032	0.014	0.032	0.045	4.73	y
21	0.013	0.016	0.016	0.048	4.70	y
22	0.027	0.014	0.027	0.050	4.75	y
23	0.024	0.014	0.014	0.050	4.75	y
24	0.018	0.014	0.018	0.065	4.73	y
25	0.023	0.013	0.02	0.047	4.79	y
26	0.014	0.014	0.014	0.050	4.73	y
27	0.013	0.014	0.014	0.052	4.75	y
28	0.013	0.017	0.017	0.051	4.75	y
29	0.017	0.017	0.017	0.051	4.75	y
30	0.014	0.014	0.014	0.047	4.79	y
31	0.024	0.02	0.024	0.051	4.75	Y

Yes	All turbidity readings ≤ 5 NTU? [Y/N] <b>Yes</b>	All IFE turbidity readings ≤ 0.15 NTU? [Y/N] <b>Yes</b>	Performance std met? [Y/N] (PDR ≤ PDR <sub>Max</sub> , LRV ≥ LRC) <b>Yes</b>	DIT Daily? <b>Yes</b>
Yes	CT's met daily? (p. 2) <b>Yes</b>	All Cl <sub>2</sub> residual at EP ≥ 0.2 mg/L? <b>Yes</b>	PDR ≤ PDR <sub>Max</sub> ? <b>Yes</b>	LRV <sub>ambient</sub> ≥ LRC? <b>Yes</b>

PRINTED NAME: Robert Bruce DATE: 1/8/26  
 SIGNATURE: Robert Bruce WT CERT #: 7136  
 Notes: PHONE #: 503-854-3313

♣ 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 <sub>2</sub> Residual at 1 <sup>st</sup> User ( C ) * [ <sup>mg</sup> /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	1.640	187	306.7	9.8	6.90	20.3	YES	62	
2	1.260	187	235.6	10.8	6.90	18.2	YES	62	
3	1.050	187	196.4	8.0	6.90	21.4	YES	62	
4	1.510	187	282.4	10.0	6.90	19.7	YES	62	
5	1.060	187	198.2	9.0	6.90	20.0	YES	62	
6	1.130	187	211.3	11.1	6.90	17.6	YES	62	
7	0.960	187	179.5	9.7	6.90	18.9	YES	62	
8	1.080	187	202.0	11.1	6.90	17.5	YES	62	
9	0.870	187	162.7	12.5	6.90	15.3	YES	62	
10	0.870	187	162.7	12.0	6.90	16.2	YES	62	
11	0.760	187	142.1	8.8	6.90	19.6	YES	62	
12	0.980	187	183.3	10.1	6.90	18.5	YES	62	
13	1.210	187	226.3	10.1	6.90	19.0	YES	62	
14	0.830	187	155.2	10.1	6.90	18.2	YES	62	
15	1.120	187	209.4	11.1	6.90	17.6	YES	62	
16	0.830	187	155.2	10.1	6.90	18.2	YES	62	
17	0.980	187	183.3	8.0	6.90	21.2	YES	62	
18	0.720	187	134.6	9.0	6.90	19.3	YES	62	
19	0.750	187	140.3	8.2	6.90	20.4	YES	62	
20	1.030	187	192.6	7.3	6.90	22.3	YES	62	
21	0.980	187	183.3	9.0	6.90	19.8	YES	62	
22	1.060	187	198.2	7.7	6.90	21.8	YES	62	
23	0.980	187	183.3	7.8	6.90	21.5	YES	62	
24	1.170	187	218.8	9.9	6.90	19.1	YES	62	
25	0.720	187	134.6	7.9	6.90	20.7	YES	62	
26	1.030	187	192.6	7.8	6.90	21.6	YES	62	
27	0.890	187	166.4	6.8	6.90	22.7	YES	62	
28	1.090	187	203.8	6.6	6.90	23.5	YES	62	
29	1.100	187	205.7	8.8	6.90	20.4	YES	62	
30	0.960	187	179.5	5.7	6.90	24.6	YES	62	
31	1.250	187	233.8	7.4	6.90	22.7	YES	63	

\* If chlorine concentration at entry point < 0.2 <sup>mg</sup>/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@odhs.oha.oregon.gov](mailto:dwp.dmce@odhs.oha.oregon.gov)  
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