

OHA - DWS

Membrane Filter Monthly Operating Report

County: **Linn**

System Name: **Lebanon, City of**

Month/Year: **Apr-2024**

PWS ID#: 41 - **00473**

Minimum test pressure applied: **18.3** psi

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

Minimum test pressure req'd: **18.3** 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]

0.170

4.00

DIT
Daily

Day	CFE Daily Turbidity [NTU]	Highest CFE* [NTU]	Highest IFE [NTU]	Highest PDR of day [psi/min]	Lowest LRV _{ambient} of day [log removal]	[Y/N] or "off"
1	0.000	0	0.053	0.00	5.30	Y
2	0.000	0	0.043	0.01	5.30	Y
3	0.000	0	0.054	0.01	5.30	Y
4	0.000	0	0.040	0.01	5.30	Y
5	0.000	0	0.076	0.00	5.30	Y
6	0.000	0	0.031	0.00	5.30	Y
7	0.000	0	0.033	0.03	5.24	Y
8	0.000	0	0.044	0.01	5.30	Y
9	0.000	0	0.064	0.00	5.30	Y
10	0.000	0	0.053	0.00	5.30	Y
11	0.000	0	0.030	0.00	5.30	Y
12	0.000	0	0.088	0.02	5.30	Y
13	0.000	0	0.034	0.00	5.30	Y
14						OFF
15	0.000	0	0.093	0.04	5.13	Y
16	0.000	0	0.040	0.01	5.30	Y
17	0.000	0	0.038	0.00	5.30	Y
18	0.000	0	0.060	0.00	5.30	Y
19	0.000	0	0.045	0.00	5.30	Y
20	0.000	0	0.017	0.01	5.30	Y
21						OFF
22	0.000	0	0.059	0.01	5.30	Y
23	0.000	0	0.060	0.01	5.30	Y
24	0.000	0	0.037	0.00	5.30	Y
25	0.000	0	0.037	0.01	5.30	Y
26	0.000	0	0.081	0.01	5.30	Y
27	0.000	0	0.019	0.00	5.30	Y
28						OFF
29	0.000	0	0.016	0.00	5.30	Y
30	0.000	0	0.027	0.00	5.30	Y
31	0.000	0				

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: **Tyson Keent**

SIGNATURE: 

Notes:

DATE: **5-2-2024**

WT CERT #: **T 09109**

PHONE #: **541-990-1254**

OHA-DWS

Disinfection Monthly Operating Report

System Name: **Lebanon, City of**

PWS ID#: 41 - **00473**

0.5

↳ Log Inactivation Required via Disinfection

Plant ID : WTP - **WTP-B**

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	1.124	113.97	128.1	10.7	8.06	27.2	YES	2,123	
2	0.805	75.2904	60.6	10.5	7.82	24.3	YES	3,092	
3	0.717	70.3966	50.5	11.8	8.07	24.2	YES	3,017	
4	0.630	82.9761	52.3	11.0	7.96	24.2	YES	2,601	
5	0.830	75.392	62.6	10.4	7.81	24.5	YES	2,800	
6	0.863	78.0376	67.3	10.6	7.98	25.9	YES	2,913	
7	0.802	78.6355	63.1	10.0	8.16	28.4	YES	2,590	
8	0.828	78.1014	64.6	11.2	8.12	26.0	YES	2,841	
9	0.877	75.2327	66.0	10.6	8.17	27.6	YES	3,049	
10	0.875	66.7171	58.4	11.4	8.20	26.5	YES	3,512	
11	0.873	70.5262	61.5	11.8	7.88	22.9	YES	3,257	
12	0.826	67.1965	55.5	10.9	7.54	21.5	YES	3,282	
13	0.848	68.5726	58.1	11.5	8.13	25.5	YES	3,549	
14									PLANT OFF
15	0.821	92.6266	76.1	11.6	7.98	24.0	YES	2,540	
16	0.826	65.9054	54.4	11.3	8.28	27.3	YES	3,229	
17	0.883	86.3963	76.2	11.4	8.22	26.7	YES	2,546	
18	0.838	60.2208	50.5	11.1	7.58	21.5	YES	3,364	
19	0.875	68.8451	60.2	11.1	8.09	26.0	YES	3,273	
20	0.852	63.5743	54.1	13.2	8.14	23.0	YES	3,711	
21									PLANT OFF
22	0.794	57.9543	46.0	12.4	8.28	25.2	YES	3,538	
23	0.870	58.2327	50.7	12.4	8.23	25.0	YES	3,696	
24	0.765	67.2228	51.4	12.9	8.34	24.9	YES	3,506	
25	0.785	71.197	55.9	14.0	8.15	21.7	YES	3,219	
26	0.795	63.4695	50.5	12.3	7.69	20.6	YES	3,334	
27	0.798	69.9293	55.8	12.3	7.74	21.0	YES	3,357	
28								(1)	PLANT OFF
29	0.612	63.6059	38.9	12.6	7.87	21.0	YES	3,304	
30	0.803	67.5571	54.3	12.6	7.99	22.5	YES	3,300	
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@odhsoha.oregon.gov

fax: 971-673-0458

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