

OHA - DWS

Membrane Filter Monthly Operating Report

System Name: **Lebanon, City of**

County: **Linn**

PWS ID#: 41 - **00473**

Month/Year: **May-2024**

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

Minimum test pressure applied: **18.3** psi

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

Day	CFE Daily Turbidity [NTU]	Highest CFE* [NTU]	Highest IFE [NTU]	PDR _{Max} [psi/min]	LRC [log removal]	DIT Daily
				0.100	4.00	
				Highest PDR of day [psi/min]	Lowest LRV _{ambient} of day [log removal]	[Y/N] or "off"
1	0.000	0	0.069	0.01	5.29	Y
2	0.000	0	0.029	0.01	5.30	Y
3	0.000	0	0.037	0.01	5.30	Y
4	0.000	0	0.020	0.01	5.30	Y
5						
6	0.000	0	0.061	0.01	5.30	OFF
7	0.000	0	0.083	0.00	5.30	Y
8	0.000	0	0.079	0.00	5.30	Y
9	0.000	0	0.072	0.00	5.30	Y
10	0.000	0	0.038	0.01	5.30	Y
11	0.000	0	0.043	0.01	5.30	Y
12	0.000	0				
13	0.000	0	0.038	0.01	5.30	OFF
14	0.000	0	0.019	0.00	5.30	Y
15	0.000	0	0.039	0.01	5.30	Y
16	0.000	0	0.073	0.01	5.04	Y
17	0.000	0	0.089	0.01	5.13	Y
18	0.000	0	0.034	0.01	5.30	Y
19	0.000	0	0.079	0.01	4.81	Y
20	0.000	0	0.043	0.01	5.12	Y
21	0.000	0	0.033	0.01	5.30	Y
22	0.000	0	0.028	0.01	5.30	Y
23	0.000	0	0.082	0.01	5.30	Y
24	0.000	0	0.050	0.01	5.30	Y
25	0.000	0	0.043	0.01	5.30	Y
26	0.000	0	0.028	0.01	5.30	Y
27	0.000	0	0.041	0.01	5.30	Y
28	0.000	0	0.054	0.01	5.30	Y
29	0.000	0	0.093	0.01	5.30	Y
30	0.000	0	0.034	0.00	5.30	Y
31	0.000	0	0.035	0.01	5.30	Y

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 Keene**

SIGNATURE: 

Notes:

Pinning Was Performed on Trains 1-2 LRV's are Back to 5.30

DATE: **5-7-24**

WT CERT #: **T 09109**

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

♣ Used for optimization purposes only.

OHA-DWS

Disinfection Monthly Operating Report

System Name: Lebanon, City of

PWS ID#: 41 - 00473

Plant ID : WTP - WTP-B

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	0.821	67.7826	55.7	11.8	7.89	22.8	YES	3,243	
2	0.800	65.8032	52.6	12.1	7.98	23.2	YES	3,245	
3	0.743	74.0225	55.0	11.8	8.12	24.7	YES	3,241	
4	0.703	59.7893	42.0	11.4	8.04	24.5	YES	3,267	
5									PLANT OFF
6	0.555	70.4114	39.0	12.1	7.80	21.1	YES	3,274	
7	0.810	70.1483	56.8	10.3	7.56	22.4	YES	3,260	
8	0.743	75.338	55.9	11.4	7.67	21.7	YES	3,138	
9	0.652	70.1829	45.8	11.5	7.69	21.5	YES	3,235	
10	0.569	71.7803	40.8	13.1	7.69	18.9	YES	3,301	
11	0.600	65.224	39.2	13.5	7.64	18.2	YES	3,303	
12									PLANT OFF
13	0.613	65.8419	40.4	14.5	7.92	18.9	YES	3,285	
14	0.792	61.5255	48.7	14.3	7.84	19.0	YES	3,272	
15	0.637	60.4157	38.5	13.2	7.62	18.5	YES	3,302	
16	0.598	68.3195	40.9	16.7	7.75	15.3	YES	3,303	
17	0.721	68.4077	49.3	14.3	7.81	18.6	YES	3,295	
18	0.543	66.3314	36.0	16.1	7.83	16.3	YES	3,335	
19	0.653	76.2763	49.8	14.6	7.77	17.9	YES	3,141	
20	0.772	63.222	48.8	13.7	7.88	20.1	YES	3,280	
21	0.541	73.9763	40.0	15.0	7.80	17.4	YES	3,188	
22	0.809	70.5506	57.1	13.5	7.73	19.2	YES	2,796	
23	0.653	65.501	42.8	13.7	7.71	18.6	YES	3,333	
24	0.730	72.0622	52.6	14.4	7.78	18.3	YES	3,261	
25	0.622	70.8386	44.1	14.1	7.73	18.1	YES	3,297	
26	0.737	87.1236	64.2	13.3	7.92	20.7	YES	2,538	
27	0.625	71.8878	44.9	14.4	7.92	19.2	YES	3,309	
28	0.718	67.4695	48.5	14.4	7.92	19.2	YES	3,362	
29	0.582	55.2777	32.2	13.2	7.86	20.1	YES	3,296	
30	0.565	58.5757	33.1	13.9	7.89	19.4	YES	3,421	
31	1.220	72.4761	88.4	14.3	7.89	20.3	YES	3,293	

* 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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