

OHA - DWS

Membrane Filter Monthly Operating Report

County: **Linn**

System Name: **Lebanon, City of**

Month/Year: **Jun-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

PDR_{Max} [^{psi}/min]

LRC [log removal]

**DIT
Daily**

LRC = Log Removal Credit

0.100

4.00

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	N/A	N/A	0.055	0.00	5.30	Y
2	N?A	N/A	0.067	0.00	5.30	Y
3	N/A	N/A	0.049	0.02	4.94	Y
4	N?A	N/A	0.057	0.01	5.30	Y
5	N/A	N/A	0.093	0.00	5.30	Y
6	N?A	N/A	0.045	0.00	5.30	Y
7	N/A	N/A	0.060	0.01	5.30	Y
8	N?A	N/A	0.063	0.00	5.30	Y
9	N/A	N/A	0.081	0.00	5.30	Y
10	N?A	N/A	0.084	0.03	5.13	Y
11	N/A	N/A	0.094	0.01	5.30	Y
12	N?A	N/A	0.090	0.01	5.12	Y
13	N/A	N/A	0.078	0.01	5.30	Y
14	N?A	N/A	0.083	0.04	5.10	Y
15	N/A	N/A	0.065	0.01	5.30	Y
16	N?A	N/A	0.080	0.00	5.30	Y
17	N/A	N/A	0.064	0.01	5.30	Y
18	N?A	N/A	0.061	0.00	5.30	Y
19	N/A	N/A	0.050	0.01	4.85	Y
20	N?A	N/A	0.029	0.01	5.30	Y
21	N/A	N/A	0.060	0.02	5.30	Y
22	N?A	N/A	0.079	0.01	4.81	Y
23	N/A	N/A	0.066	0.01	5.26	Y
24	N?A	N/A	0.029	0.01	5.27	Y
25	N/A	N/A	0.084	0.01	5.30	Y
26	N?A	N/A	0.024	0.02	5.30	Y
27	N/A	N/A	0.044	0.02	5.30	Y
28	N?A	N/A	0.070	0.01	5.30	Y
29	N/A	N/A	0.056	0.00	5.30	Y
30	N?A	N/A	0.042	0.00	5.30	Y
31	N/A	N/A				

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: *[Signature]*

Notes: **NO CFE NTU meter only IFE**

DATE: **7-5-24**

WT CERT #: **T09109**

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	1.070	63.0506	67.5	15.2	7.85	18.6	YES	3,324	
2	1.120	65.293	73.1	14.4	8.04	21.0	YES	3,227	
3	0.970	64.5467	62.6	13.2	8.04	22.5	YES	3,262	
4	1.121	58.018	65.0	13.1	8.14	23.8	YES	3,296	
5	1.120	67.2151	75.3	13.4	8.05	22.6	YES	3,463	
6	1.167	57.8481	67.5	15.6	7.95	19.0	YES	3,388	
7	0.895	62.8893	56.3	14.0	8.07	21.4	YES	3,343	
8	0.851	59.0895	50.3	14.8	8.04	20.0	YES	3,319	
9	0.897	69.5052	62.3	14.8	8.11	20.6	YES	3,240	
10	0.820	62.5686	51.3	16.3	8.01	17.8	YES	3,237	
11	0.987	68.0193	67.1	16.9	8.06	17.7	YES	3,252	
12	0.890	63.8983	56.9	15.9	8.22	19.9	YES	3,298	
13	0.927	65.6943	60.9	17.0	7.98	17.0	YES	3,233	
14	0.802	71.2495	57.1	15.4	8.03	19.0	YES	3,267	
15	0.925	67.2746	62.2	16.3	8.05	18.2	YES	3,358	
16	0.987	74.7986	73.8	15.5	8.06	19.5	YES	3,099	
17	0.917	70.2538	64.4	14.2	8.06	21.0	YES	3,282	
18	0.896	63.4945	56.9	14.2	8.07	21.0	YES	3,206	
19	0.904	56.8422	51.4	17.0	8.08	17.5	YES	3,354	
20	0.728	60.5057	44.0	17.8	8.04	16.2	YES	3,311	
21	0.739	69.1743	51.1	18.0	8.03	15.8	YES	3,331	
22	1.012	64.9974	65.8	18.3	8.03	16.0	YES	3,354	
23	1.012	64.7641	65.5	18.1	8.05	16.4	YES	3,239	
24	1.008	81.6045	82.2	16.1	8.07	18.8	YES	2,597	
25	0.832	70.8003	58.9	17.3	8.07	17.0	YES	3,156	
26	1.049	81.9701	86.0	17.8	7.99	16.4	YES	2,466	
27	0.989	73.6729	72.9	15.1	8.06	20.0	YES	3,050	
28	0.809	65.0204	52.6	14.6	7.95	19.4	YES	3,331	
29	0.891	69.9371	62.3	16.9	7.86	16.3	YES	3,103	
30	0.735	82.1902	60.4	16.4	7.84	16.5	YES	2,821	
31		#DIV/0!							

* 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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