

OHA - DWS

Membrane Filter Monthly Operating Report

County: **Linn**

System Name: **Lebanon, City of**

Month/Year: **Jul-2024**

PWS ID#: 41 - **00473**

Minimum test pressure applied: **18.3** psi

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

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

**DIT
Daily**

PDR_{Max} [psi/min]

LRC [log removal]

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	0.000	0	0.050	0.00	5.30	Y
2	0.000	0	0.018	0.00	5.30	Y
3	0.000	0	0.046	0.01	5.30	Y
4	0.000	0	0.060	0.01	5.30	Y
5	0.000	0	0.042	0.01	5.30	Y
6	0.000	0	0.083	0.01	5.30	Y
7	0.000	0	0.039	0.00	5.30	Y
8	0.000	0	0.042	0.00	5.30	Y
9	0.000	0	0.093	0.00	5.30	Y
10	0.000	0	0.041	0.01	5.30	Y
11	0.000	0	0.058	0.00	5.30	Y
12	0.000	0	0.064	0.01	5.30	Y
13	0.000	0	0.035	0.01	5.30	Y
14	0.000	0	0.060	0.01	5.30	Y
15	0.000	0	0.098	0.01	5.30	Y
16	0.000	0	0.084	0.01	5.30	Y
17	0.000	0	0.085	0.01	5.30	Y
18	0.000	0	0.059	0.00	5.30	Y
19	0.000	0	0.081	0.01	5.30	Y
20	0.000	0	0.048	0.01	5.30	Y
21	0.000	0	0.063	0.01	5.30	Y
22	0.000	0	0.081	0.01	5.04	Y
23	0.000	0	0.052	0.01	5.30	Y
24	0.000	0	0.068	0.01	4.48	Y
25	0.000	0	0.055	0.01	5.30	Y
26	0.000	0	0.022	0.01	5.24	Y
27	0.000	0	0.086	0.01	5.30	Y
28	0.000	0	0.082	0.01	5.30	Y
29	0.000	0	0.021	0.01	5.30	Y
30	0.000	0	0.016	0.00	5.30	Y
31	0.000	0	0.099	0.00	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: *Tyson Keene*
 Notes:

DATE: **8-2-24**
 WT CERT #: **T09109**
 PHONE #: **541-990-1254**

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	0.932	83.3677	77.7	16.4	8.04	18.1	YES	2,651	
2	1.119	83.5872	93.6	16.9	7.99	17.6	YES	2,762	
3	1.156	72.5506	83.9	16.1	7.89	17.9	YES	3,148	
4	1.117	88.3963	98.7	16.5	7.84	17.1	YES	2,398	
5	1.070	72.1934	77.3	16.4	7.97	18.0	YES	3,274	
6	1.097	69.3009	76.0	18.3	8.15	16.9	YES	3,277	
7	1.085	76.0484	82.5	18.4	7.82	14.8	YES	2,867	
8	0.877	65.6975	57.6	18.3	8.17	16.6	YES	3,241	
9	0.660	68.6025	45.2	18.9	7.90	14.1	YES	3,319	
10	0.724	72.1111	52.2	17.9	7.99	15.8	YES	3,285	
11	0.756	69.2235	52.4	17.6	8.04	16.4	YES	3,384	
12	0.831	70.5757	58.6	17.6	7.97	16.1	YES	3,274	
13	1.032	59.7072	61.6	17.3	7.95	16.6	YES	3,331	
14	1.114	58.0235	64.7	17.6	7.86	15.9	YES	3,295	
15	0.958	65.9503	63.2	17.8	7.93	15.8	YES	3,322	
16	1.146	68.539	78.6	16.8	7.87	16.9	YES	3,481	
17	0.937	63.4863	59.5	16.4	7.94	17.4	YES	3,279	
18	1.148	67.606	77.6	16.5	7.71	16.2	YES	3,309	
19	0.883	66.6991	58.9	16.7	7.66	15.3	YES	3,530	
20	1.089	71.7767	78.2	18.4	7.82	14.9	YES	3,349	
21	1.179	70.9929	83.7	18.6	7.88	15.1	YES	3,374	
22	1.004	71.9416	72.2	17.4	8.00	16.8	YES	3,414	
23	1.243	54.6851	68.0	17.4	7.91	16.7	YES	3,612	
24	1.054	63.0868	66.5	17.8	7.82	15.4	YES	3,312	
25	1.216	68.0363	82.7	17.7	7.85	15.9	YES	3,573	
26	0.908	71.57	65.0	16.9	7.72	15.5	YES	3,422	
27-	1.198	54.0915	64.8	17.4	7.83	16.1	YES	3,569	
28	1.210	61.1932	74.0	17.3	7.83	16.2	YES	3,594	
29	1.032	58.8499	60.7	15.3	8.06	19.8	YES	3,448	
30	1.220	56.6029	69.1	13.7	7.75	20.1	YES	3,419	
31	1.037	63.4256	65.8	15.3	7.78	17.9	YES	3,545	

* 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

p. 2 of 2

