

# OHA - DWS

## Membrane Filter Monthly Operating Report

County: **Linn**

System Name: **Lebanon, City of**

Month/Year: **Aug-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<sub>Max</sub> [<sup>psi</sup>/<sub>min</sub>]

LRC [log removal]

**0.100**

**4.00**

DIT Daily

Day	CFE Daily Turbidity [NTU]	Highest CFE* [NTU]	Highest IFE [NTU]	Highest PDR of day [ <sup>psi</sup> / <sub>min</sub> ]	Lowest LRV <sub>ambient</sub> of day [log removal]	[Y/N] or "off"
1	0.000	0	0.039	0.01	5.30	Y
2	0.000	0	0.016	0.01	5.30	Y
3	0.000	0	0.067	0.01	5.30	Y
4	0.000	0	0.091	0.01	5.30	Y
5	0.000	0	0.047	0.01	5.30	Y
6	0.000	0	0.076	0.01	5.30	Y
7	0.000	0	0.078	0.01	5.30	Y
8	0.000	0	0.075	0.01	5.30	Y
9	0.000	0	0.091	0.01	5.30	Y
10	0.000	0	0.090	0.01	5.30	Y
11	0.000	0	0.147	0.01	5.30	Y
12	0.000	0	0.051	0.01	5.30	Y
13	0.000	0	0.076	0.00	5.30	Y
14	0.000	0	0.090	0.00	5.30	Y
15	0.000	0	0.116	0.00	5.30	Y
16	0.000	0	0.112	0.01	5.30	Y
17	0.000	0	0.083	0.01	5.30	Y
18	0.000	0	0.118	0.01	5.30	Y
19	0.000	0	0.098	0.01	5.30	Y
20	0.000	0	0.093	0.01	5.30	Y
21	0.000	0	0.076	0.01	5.30	Y
22	0.000	0	0.077	0.01	5.30	Y
23	0.000	0	0.042	0.05	5.25	Y
24	0.000	0	0.047	0.01	4.49	Y
25	0.000	0	0.070	0.01	4.66	Y
26	0.000	0	0.044	0.01	5.08	Y
27	0.000	0	0.059	0.02	5.30	Y
28	0.000	0	0.095	0.01	5.30	Y
29	0.000	0	0.078	0.01	5.30	Y
30	0.000	0	0.042	0.01	5.30	Y
31	0.000	0	0.068	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 <sub>Max</sub> , LRV ≥ LRC)	DIT Daily?
Yes	Yes	Yes	Yes	Yes
CT's met daily? (p. 2)	All Cl <sub>2</sub> residual at EP ≥ 0.2 mg/L?	PDR ≤ PDR <sub>Max</sub> ?	LRV <sub>ambient</sub> ≥ LRC?	
Yes	Yes	Yes	Yes	

PRINTED NAME: **Jason Keene**

SIGNATURE: 

Notes:

DATE: **9-6-24**

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 <sub>2</sub> Residual at 1 <sup>st</sup> 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	1.128	57.7836	65.2	18.2	7.76	14.8	YES	3,538	
2	0.956	69.7192	66.7	16.9	7.81	16.2	YES	3,329	
3	1.114	61.1254	68.1	18.5	7.81	14.8	YES	3,471	
4	1.093	61.7769	67.5	16.6	7.86	17.1	YES	3,377	
5	0.946	59.3991	56.2	17.9	7.86	15.3	YES	3,462	
6	1.168	71.0506	83.0	17.5	7.81	15.9	YES	3,530	
7	0.961	57.2872	55.0	16.2	7.74	16.4	YES	3,628	
8	1.106	55.1779	61.0	17.2	7.79	16.0	YES	3,607	
9	0.960	61.4065	59.0	16.3	7.81	16.8	YES	3,640	
10	1.159	58.0178	67.2	17.6	7.81	15.7	YES	3,673	
11	1.151	58.2318	67.0	16.3	7.79	17.0	YES	3,646	
12	0.967	60.2212	58.2	16.0	7.83	17.3	YES	3,768	
13	1.186	65.6009	77.8	14.1	7.85	20.2	YES	3,527	
14	1.006	67.894	68.3	14.3	7.81	19.3	YES	3,617	
15	1.099	55.3387	60.8	15.9	7.78	17.3	YES	3,557	
16	0.913	66.5246	60.8	15.0	7.77	17.9	YES	3,459	
17	1.073	59.2799	63.6	16.0	7.74	16.9	YES	3,619	
18	1.139	56.9072	64.8	14.7	7.72	18.4	YES	3,556	
19	1.168	67.7907	79.2	15.7	7.85	18.2	YES	3,190	
20	1.111	82.5261	91.7	15.5	7.87	18.4	YES	2,438	
21	1.160	90.4531	104.9	15.5	7.82	18.2	YES	2,403	
22	1.142	70.3998	80.4	15.7	7.80	17.8	YES	3,253	
23	1.207	81.7698	98.7	14.1	7.80	19.8	YES	2,384	
24	1.039	64.7421	67.2	14.4	7.63	18.0	YES	3,368	
25	1.328	59.404	78.9	14.7	7.71	18.8	YES	3,354	
26	1.311	68.878	90.3	15.9	7.77	17.7	YES	3,317	
27	1.080	63.3378	68.4	15.2	7.72	17.7	YES	3,689	
28	1.056	54.5724	57.6	14.8	7.79	18.5	YES	3,773	
29	0.986	67.8934	66.9	14.2	7.73	18.8	YES	3,336	
30	1.010	61.7303	62.3	14.5	7.72	18.3	YES	3,658	
31	1.208	61.3534	74.1	15.6	7.76	17.7	YES	3,631	

\* 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 10<sup>th</sup> of following month by**

mail: Drinking Water Services  
PO Box 14350  
Portland, OR 97293-0350

email: [dwp.dmce@odhsoha.oregon.gov](mailto:dwp.dmce@odhsoha.oregon.gov)

fax: 971-673-0458

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