

# OHA - DWS

## Membrane Filter Monthly Operating Report

County: **Linn**

System Name: **Lebanon, City of**

Month/Year: **Sep-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

Day	CFE Daily Turbidity [NTU]	Highest CFE* [NTU]	Highest IFE [NTU]	PDR <sub>Max</sub> [psi/min]	LRC [log removal]	DIT Daily
				0.100	4.00	
				Highest PDR of day [psi/min]	Lowest LRV <sub>ambient</sub> of day [log removal]	[Y/N] or "off"
1	0.000	0	0.067	0.00	5.30	Y
2	0.000	0	0.087	0.01	5.30	Y
3	0.000	0	0.074	0.03	5.30	Y
4	0.000	0	0.067	0.02	5.30	Y
5	0.000	0	0.034	0.01	5.30	Y
6	0.000	0	0.037	0.01	5.30	Y
7	0.000	0	0.033	0.01	5.30	Y
8	0.000	0	0.022	0.00	5.30	Y
9	0.000	0	0.037	0.00	5.30	Y
10	0.000	0	0.026	0.01	5.30	Y
11	0.000	0	0.042	0.01	5.30	Y
12	0.000	0	0.035	0.00	5.30	Y
13	0.000	0	0.046	0.01	5.30	Y
14	0.000	0	0.051	0.01	5.30	Y
15	0.000	0	0.041	0.00	5.30	Y
16	0.000	0	0.053	0.00	5.30	Y
17	0.000	0	0.040	0.00	5.30	Y
18	0.000	0	0.030	0.00	5.30	Y
19	0.000	0	0.025	0.00	5.30	Y
20	0.000	0	0.036	0.01	5.30	Y
21	0.000	0	0.021	0.01	5.30	Y
22	0.000	0	0.018	0.00	5.30	Y
23	0.000	0	0.046	0.01	5.30	Y
24	0.000	0	0.028	0.01	5.30	Y
25	0.000	0	0.034	0.01	5.30	Y
26	0.000	0	0.027	0.01	5.30	Y
27	0.000	0	0.033	0.01	5.30	Y
28	0.000	0	0.034	0.01	5.30	Y
29	0.000	0	0.023	0.00	5.30	Y
30	0.000	0	0.037	0.01	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 <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: **Tyson Keen**  
 SIGNATURE:   
 Notes:

DATE: **10-2-24**  
 WT CERT #: **T09109**  
 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 <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	1.213	70.9127	86.0	15.7	7.86	18.3	YES	3,176	
2	0.983	64.1785	63.1	14.9	7.91	19.2	YES	3,349	
3	1.238	75.5787	93.6	13.1	7.84	21.6	YES	3,327	
4	1.037	66.9739	69.5	14.3	7.81	19.3	YES	3,361	
5	1.220	66.993	81.7	14.8	7.77	18.8	YES	3,372	
6	1.003	69.0702	69.3	14.1	7.76	19.2	YES	3,358	
7	1.257	62.5059	78.6	14.1	7.77	19.8	YES	3,382	
8	1.238	70.8705	87.8	13.9	7.85	20.6	YES	3,285	
9	1.143	67.444	77.1	14.6	7.87	19.7	YES	3,264	
10	1.268	62.7331	79.5	14.5	7.81	19.5	YES	3,194	
11	1.110	73.3801	81.5	13.5	7.68	19.5	YES	3,274	
12	1.079	65.8955	71.1	13.4	7.76	20.2	YES	3,337	
13	1.067	69.8581	74.5	13.4	7.93	21.4	YES	3,324	
14	1.264	72.1451	91.2	14.1	7.80	20.1	YES	3,256	
15	1.169	73.478	85.9	13.9	7.84	20.3	YES	3,133	
16	1.053	64.2102	67.6	13.5	7.76	20.1	YES	3,284	
17	0.960	71.2095	68.4	13.4	7.83	20.5	YES	3,419	
18	0.975	66.6986	65.0	12.9	7.87	21.5	YES	3,254	
19	0.750	68.9969	51.7	13.9	7.80	19.2	YES	3,441	
20	0.843	72.0383	60.8	14.1	7.95	20.2	YES	3,229	
21	1.133	78.5141	88.9	13.6	7.78	20.3	YES	3,247	
22	1.134	75.0389	85.1	13.6	7.77	20.2	YES	3,133	
23	0.971	74.8641	72.7	14.0	7.82	19.6	YES	3,295	
24	0.911	71.8663	65.5	13.9	7.72	19.0	YES	3,332	
25	0.993	69.6432	69.2	14.8	7.83	18.8	YES	3,355	
26	0.897	72.2483	64.8	13.2	7.82	20.5	YES	3,323	
27	0.799	73.2968	58.6	13.9	7.84	19.5	YES	3,258	
28	0.946	68.0965	64.4	14.2	7.79	19.1	YES	3,369	
29	0.954	68.7614	65.6	14.2	7.88	19.9	YES	3,209	
30	0.844	68.554	57.8	13.5	7.89	20.5	YES	3,245	
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 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