

OHA - DWS

Membrane Filter Monthly Operating Report

County: **Linn**

System Name: **Lebanon, City of**

Month/Year: **Oct-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_{Max} [^{psi}/_{min}]

LRC [log removal]

0.100

4.00

**DIT
Daily**

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	0.028	0.01	5.30	Y
2	0.000	0	0.035	0.01	5.30	Y
3	0.000	0	0.052	0.00	5.30	Y
4	0.000	0	0.047	0.01	5.30	Y
5	0.000	0	0.027	0.01	5.30	Y
6	0.000	0	0.026	0.00	5.30	Y
7	0.000	0	0.044	0.00	5.30	Y
8	0.000	0	0.032	0.00	5.30	Y
9	0.000	0	0.035	0.00	5.30	Y
10	0.000	0	0.033	0.00	5.30	Y
11	0.000	0	0.038	0.01	5.30	Y
12	0.000	0	0.019	0.01	5.30	Y
13	0.000	0	0.025	0.00	5.30	Y
14	0.000	0	0.043	0.00	5.30	Y
15	0.000	0	0.029	0.01	5.30	Y
16	0.000	0	0.031	0.01	5.30	Y
17	0.000	0	0.034	0.01	5.30	Y
18	0.000	0	0.030	0.01	5.30	Y
19	0.000	0	0.020	0.01	5.30	Y
20	0.000	0	0.016	0.01	5.30	Y
21	0.000	0	0.041	0.01	5.30	Y
22	0.000	0	0.056	0.01	5.30	Y
23	0.000	0	0.044	0.01	5.30	Y
24	0.000	0	0.028	0.01	5.30	Y
25	0.000	0	0.058	0.01	5.30	Y
26	0.000	0	0.017	0.01	5.30	Y
27	0.000	0	0.028	0.01	5.30	Y
28	0.000	0	0.031	0.01	5.30	Y
29	0.000	0	0.049	0.01	5.30	Y
30	0.000	0	0.026	0.01	5.30	Y
31	0.000	0	0.037	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:

DATE: **11-5-24**

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
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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	0.829	73.1937	60.7	13.0	7.81	20.6	YES	3,300	
2	0.830	59.5814	49.5	13.9	7.91	20.0	YES	3,423	
3	0.835	67.5485	56.4	14.1	7.86	19.6	YES	3,338	
4	0.780	85.0859	66.4	13.9	7.84	19.4	YES	2,768	
5	0.987	87.2405	86.1	13.4	7.70	19.7	YES	2,913	
6	0.971	84.7659	82.3	14.0	7.70	18.8	YES	2,879	
7	0.835	64.662	54.0	13.3	7.51	18.1	YES	3,355	
8	0.849	69.0773	58.6	14.4	7.83	19.0	YES	3,257	
9	0.818	69.0786	56.5	14.0	7.77	19.0	YES	3,285	
10	0.858	72.72	62.4	13.9	7.86	19.7	YES	3,302	
11	0.759	76.3312	58.0	13.6	7.75	19.2	YES	3,082	
12	0.837	72.1281	60.4	14.0	7.85	19.5	YES	2,660	
13	0.932	64.9983	60.5	14.3	7.72	18.4	YES	3,234	
14	0.836	63.6482	53.2	14.4	7.58	17.3	YES	3,273	
15	0.905	60.6807	54.9	15.7	7.78	17.1	YES	3,261	
16	0.904	74.5628	67.4	15.5	7.80	17.5	YES	3,217	
17	0.930	66.1399	61.5	15.7	7.83	17.6	YES	3,246	
18	0.896	72.3624	64.9	15.3	7.88	18.3	YES	3,332	
19	1.091	71.3037	77.8	15.2	7.82	18.4	YES	3,308	
20	0.877	94.1496	82.5	16.1	7.74	16.4	YES	2,183	
21	0.880	66.3003	58.4	16.2	7.81	16.7	YES	3,286	
22	0.906	63.3078	57.4	16.3	7.81	16.7	YES	3,276	
23	0.977	74.9873	73.3	16.5	7.91	17.2	YES	3,286	
24	0.962	59.4746	57.2	16.6	7.86	16.7	YES	3,251	
25	0.972	71.5945	69.6	16.3	7.79	16.7	YES	3,255	
26	1.071	63.0678	67.6	16.5	7.74	16.4	YES	3,282	
27	0.845	120.942	102.2	17.2	7.79	15.4	YES	2,030	
28	0.737	68.5963	50.5	16.8	7.82	15.9	YES	3,143	
29	0.847	67.4621	57.2	16.6	7.82	16.3	YES	3,262	
30	0.914	69.9858	64.0	16.5	7.83	16.6	YES	3,389	
31	0.929	71.7327	66.6	15.7	7.75	17.1	YES	3,249	

♦ 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