OHA - DWS

Membrane Filter Monthly Operating Report

System Name: **Lebanon, City of**
PWS ID#: 41 - **00473**
Plant ID: WTP - **WTP-B** *(e.g., "A")*

County: **Linn**
Month/Year: **Nov-2024**
Minimum test pressure **applied**: **18.3** psi
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

Day	CFE Daily Turbidity [NTU]	Highest CFE♣ [NTU]	Highest IFE [NTU]	Highest PDR of day [$^{psi}/_{min}$]	Lowest $LRV_{ambient}$ of day [log removal]	DIT Daily [Y/N] or "off"
1	0.000	0	0.034	0.00	5.30	Y
2	0.000	0	0.018	0.01	5.30	Y
3	0.000	0	0.031	0.01	5.30	Y
4	0.000	0	0.021	0.01	5.30	Y
5	0.000	0	0.019	0.00	5.30	Y
6	0.000	0	0.023	0.00	5.30	Y
7	0.000	0	0.028	0.00	5.30	Y
8	0.000	0	0.048	0.00	5.30	Y
9	0.000	0	0.042	0.00	5.30	Y
10	0.000	0	0.023	0.00	5.30	Y
11	0.000	0	0.053	0.00	5.30	Y
12	0.000	0	0.057	0.00	5.30	Y
13	0.000	0	0.047	0.00	5.30	Y
14	0.000	0	0.048	0.00	5.30	Y
15	0.000	0	0.080	0.01	5.30	Y
16	0.000	0	0.055	0.00	5.30	Y
17	0.000	0	0.045	0.00	5.30	Y
18	0.000	0	0.062	0.00	5.30	Y
19	0.000	0	0.093	0.00	5.30	Y
20	0.000	0	0.040	0.00	5.30	Y
21	0.000	0	0.030	0.00	5.30	Y
22	0.000	0	0.028	0.00	5.30	Y
23	0.000	0	0.056	0.02	5.30	Y
24	0.000	0	0.027	0.00	5.30	Y
25	0.000	0	0.031	0.02	5.30	Y
26	0.000	0	0.031	0.00	5.30	Y
27	0.000	0	0.065	0.02	5.30	Y
28	0.000	0	0.088	0.00	5.30	Y
29	0.000	0	0.076	0.00	5.30	Y
30	0.000	0	0.062	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: Jason Keene
SIGNATURE:
Notes:

DATE: 12-5-24
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 Inactivatio Required via

Day	Minimum Cl_2 Residual at 1st 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	0.973	65.4	63.7	15.2	7.71	17.4	YES	3,275	
2	0.807	105.3	84.9	14.5	7.70	17.9	YES	2,432	
3	0.938	127.4	119.5	13.7	7.61	18.4	YES	1,669	
4	0.808	118.1	95.3	12.9	7.55	18.8	YES	1,681	
5	1.112	112.7	125.3	12.7	7.58	19.9	YES	1,669	
6	1.083	146.9	159.1	12.1	7.73	22.0	YES	1,568	
7	1.298	155.2	201.5	11.7	7.74	23.0	YES	1,577	
8	1.374	161.9	222.4	11.6	7.78	23.8	YES	1,418	
9	1.099	65.2	71.6	12.2	7.75	22.0	YES	3,316	
10	1.132	67.8	76.7	11.7	7.73	22.7	YES	3,172	
11	1.138	133.7	152.2	11.7	7.81	23.3	YES	1,507	
12	1.216	121.3	147.5	11.5	7.86	24.2	YES	1,730	
13	1.176	165.1	194.2	11.1	7.87	24.9	YES	1,447	
14	1.049	129.8	136.2	11.1	7.83	24.2	YES	1,684	
15	1.025	64.0	65.6	10.8	7.59	22.6	YES	3,227	
16	1.081	125.9	136.1	10.2	7.67	24.4	YES	1,751	
17	0.921	115.7	106.6	9.9	7.74	25.0	YES	1,713	
18	1.366	119.9	163.8	9.7	7.58	25.3	YES	1,741	
19	1.100	122.0	134.2	9.0	7.60	25.7	YES	1,742	
20	1.030	117.0	120.5	9.0	7.70	26.5	YES	1,706	
21	1.090	129.0	140.6	9.0	7.80	27.6	YES	1,571	
22	1.200	141.0	169.2	9.0	7.70	27.0	YES	1,584	
23	1.100	119.0	130.9	9.0	7.70	26.7	YES	1,592	
24	1.000	138.0	138.0	9.0	7.70	26.4	YES	1,589	
25	0.900	132.0	124.2	9.0	7.70	26.1	YES	1,559	
26	0.900	146.0	131.4	9.0	7.70	26.1	YES	1,563	
27	0.900	64.0	57.6	10.0	7.60	23.5	YES	3,302	
28	1.000	69.0	69.0	8.0	7.80	29.3	YES	3,237	
29	0.900	132.0	118.8	8.0	7.80	28.9	YES	1,574	
30	0.900	144.0	129.6	8.0	7.80	28.9	YES	1,615	

♦ 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

Revised 7/31/2023