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: **Dec-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]	DIT Daily
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	0.064	0.00	5.30	Y
2	0.000	0	0.066	0.00	5.30	Y
3	0.000	0	0.077	0.00	5.30	Y
4	0.000	0	0.083	0.00	5.30	Y
5	0.000	0	0.054	0.00	5.30	Y
6	0.000	0	0.043	0.00	5.30	Y
7	0.000	0	0.084	0.00	5.30	Y
8	0.000	0	0.044	0.01	5.13	Y
9	0.000	0	0.034	0.00	5.30	Y
10	0.000	0	0.024	0.00	5.30	Y
11	0.000	0	0.054	0.00	5.30	Y
12	0.000	0	0.019	0.00	5.30	Y
13	0.000	0	0.039	0.00	5.30	Y
14	0.000	0	0.023	0.00	5.30	Y
15	0.000					OFF
16	0.000	0	0.045	0.00	5.30	Y
17	0.000	0	0.041	0.00	5.30	Y
18	0.000	0	0.036	0.00	5.30	Y
19	0.000	0	0.087	0.00	5.30	Y
20	0.000	0	0.052	0.01	5.30	Y
21	0.000	0	0.062	0.01	5.30	Y
22	0.000					OFF
23	0.000	0	0.095	0.00	5.30	Y
24	0.000	0	0.020	0.00	5.30	Y
25	0.000					OFF
26	0.000	0	0.057	0.01	5.30	Y
27	0.000	0	0.032	0.00	5.30	Y
28	0.000	0	0.021	0.00	5.30	Y
29	0.000					OFF
30	0.000	0	0.045	0.00	5.30	Y
31	0.000	0	0.046	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:
Notes:

DATE: 1-2-25
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 Inactivation Required via Disinfection

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	1.000	131	127.0	7.0	7.90	32.5	YES	1,578	
2	0.900	66	57.0	8.0	7.80	28.9	YES	3,314	
3	1.000	79	79.0	7.0	7.70	30.2	YES	3,027	
4	0.813	73.9353	60.1	7.5	7.79	29.4	YES	3,284	
5	0.847	71.74	60.8	7.6	7.79	29.3	YES	3,237	
6	0.847	75.7903	64.2	7.6	7.84	30.0	YES	3,268	
7	0.961	107.024	102.8	6.7	7.91	33.2	YES	2,156	
8	0.886	81.6594	72.3	7.3	7.89	31.2	YES	3,064	
9	0.733	66.8887	49.0	7.9	7.82	28.7	YES	3,237	
10	0.889	66.5461	59.1	8.0	7.89	29.9	YES	3,254	
11	0.872	68.167	59.4	7.6	7.82	29.9	YES	3,240	
12	0.889	68.3559	60.8	6.7	7.79	31.4	YES	3,012	
13	0.661	74.0205	48.9	7.9	7.68	27.1	YES	3,250	
14	0.769	77.845	59.9	7.3	7.84	30.3	YES	3,235	
15									PLANT OFF
16	0.490	62.5509	30.6	8.9	7.76	25.6	YES	3,284	
17	0.608	69.1017	42.0	9.0	7.76	25.8	YES	3,240	
18	0.665	77.0285	51.2	9.1	7.76	25.8	YES	3,210	
19	0.929	66.9107	62.1	9.5	7.78	26.1	YES	3,271	
20	0.800	72.2264	57.7	9.7	7.64	24.1	YES	3,275	
21	0.969	71.4635	69.3	8.7	7.72	27.0	YES	3,194	
22				9.5	7.84				PLANT OFF
23	0.854	69.5083	59.4	10.0	7.82	25.3	YES	3,364	
24	0.827	74.1065	61.3	8.6	7.83	27.8	YES	3,080	
25				9.8	7.78				PLANT OFF
26	0.420	62.096	26.1	10.2	7.72	22.9	YES	3,264	
27	0.527	68.5473	36.1	10.1	7.72	23.4	YES	3,252	
28	0.992	66.6269	66.1	9.0	7.81	27.5	YES	3,221	
29				9.9	7.79				PLANT OFF
30	0.753	68.1956	51.4	10.4	7.75	23.8	YES	3,325	
31	0.961	76.2062	73.2	8.7	7.76	27.5	YES	3,095	

♦ 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