

OHA - DWS

Membrane Filter Monthly Operating Report

County: **Linn**

System Name: **Lebanon, City of**

Month/Year: **Feb-2025**

PWS ID#: 41 - **00473**

Minimum test pressure applied: **18.3** psi

Plant ID: WTP - **WTP-B**

Minimum test pressure req'd: **18.3** psi

(e.g., "A")

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

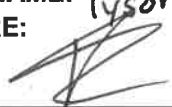
DIT
Daily

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	0.025	0.01	5.16	Y
2	0.000	0				OFF
3	0.000	0	0.041	0.01	5.30	Y
4	0.000	0	0.027	0.00	5.30	Y
5	0.000	0	0.027	0.01	5.30	Y
6	0.000	0	0.029	0.01	5.30	Y
7	0.000	0	0.029	0.00	5.30	Y
8	0.000	0	0.023	0.00	5.30	Y
9	0.000	0				OFF
10	0.000	0	0.035	0.01	5.30	Y
11	0.000	0	0.047	0.01	5.30	Y
12	0.000	0	0.026	0.00	5.30	Y
13	0.000	0	0.032	0.00	5.30	Y
14	0.000	0	0.030	0.01	5.30	Y
15	0.000	0	0.020	0.01	5.30	Y
16	0.000	0				OFF
17	0.000	0	0.046	0.00	5.30	Y
18	0.000	0	0.026	0.00	5.30	Y
19	0.000	0	0.028	0.01	5.30	Y
20	0.000	0	0.022	0.01	5.30	Y
21	0.000	0	0.048	0.01	5.30	Y
22	0.000	0	0.022	0.04	5.30	Y
23	0.000	0				OFF
24	0.000	0	0.048	0.00	5.30	Y
25	0.000	0	0.028	0.00	5.30	Y
26	0.000	0	0.027	0.00	5.30	Y
27	0.000	0	0.028	0.00	5.30	Y
28	0.000	0	0.031	0.01	5.30	Y
29	0.000	0				
30	0.000	0				
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 _{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: **3-7-25**

WT CERT #: **709109**

PHONE #: **541-990-1254**

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Disinfection Monthly Operating Report

System Name: Lebanon, City ofPWS ID#: 41 - 00473Plant ID : WTP - WTP-B

0.5

Log
Inactivation
Required via
Disinfection

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	0.878	59.4849	52.2	6.9	7.85	31.7	YES	3,308	
2									PLANT OFF
3	0.426	67.5004	28.7	8.3	7.90	27.7	YES	3,336	
4	0.974	63.0291	61.4	7.3	8.03	33.3	YES	3,339	
5	0.986	71.4311	70.4	7.3	7.94	32.2	YES	3,301	
6	0.956	63.7676	61.0	7.3	8.01	32.9	YES	3,298	
7	0.878	75.8502	66.6	7.4	7.96	31.8	YES	3,301	
8	1.022	73.0073	74.6	6.5	7.99	34.8	YES	3,222	
9									PLANT OFF
10	0.812	69.7414	56.6	8.1	8.01	30.7	YES	3,360	
11	0.930	73.7143	68.6	7.2	8.07	33.7	YES	3,290	
12	0.860	70.6324	60.8	6.6	7.96	33.6	YES	3,277	
13	0.903	70.7336	63.8	6.1	8.02	35.6	YES	3,446	
14	0.793	68.4337	54.2	5.7	7.97	35.5	YES	3,362	
15	0.903	62.1767	56.1	5.6	7.92	35.6	YES	3,200	
16									PLANT OFF
17	0.615	68.215	41.9	7.3	8.00	31.4	YES	3,321	
18	0.842	64.7603	54.5	8.0	8.02	31.1	YES	3,307	
19	0.872	70.0685	61.1	8.1	7.91	29.8	YES	3,344	
20	0.879	82.7024	72.7	7.9	7.80	29.1	YES	2,811	
21	0.827	71.3966	59.1	8.3	7.70	27.2	YES	3,295	
22	1.034	61.4919	63.6	7.8	7.90	30.9	YES	3,278	
23									PLANT OFF
24	0.931	60.0165	55.9	8.9	8.04	29.7	YES	3,328	
25	0.904	66.8698	60.5	9.3	7.74	26.0	YES	3,235	
26	1.052	108.684	114.3	8.4	7.77	28.3	YES	2,149	
27	0.882	65.8609	58.1	8.9	7.77	26.9	YES	3,270	
28	0.796	81.3817	64.8	9.2	7.88	27.2	YES	2,846	

* 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

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