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: **May-2025**
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	0.032	0.01	5.30	Y
2	0.000	0	0.025	0.01	5.30	Y
3	0.000	0	0.021	0.01	5.30	Y
4	0.000	0	0.016	0.01	5.30	Y
5	0.000	0	0.036	0.01	5.30	Y
6	0.000	0	0.027	0.01	5.30	Y
7	0.000	0	0.028	0.01	5.30	Y
8	0.000	0	0.059	0.01	5.30	Y
9	0.000	0	0.043	0.01	5.30	Y
10	0.000	0	0.019	0.01	5.30	Y
11	0.000	0	0.019	0.01	5.30	Y
12	0.000	0	0.024	0.01	5.30	Y
13	0.000	0	0.031	0.00	5.30	Y
14	0.000	0	0.018	0.01	5.30	Y
15	0.000	0	0.027	0.02	5.30	Y
16	0.000	0	0.028	0.01	5.20	Y
17	0.000	0	0.021	0.01	5.30	Y
18	0.000	0	0.019	0.03	5.14	Y
19	0.000	0	0.027	0.01	5.30	Y
20	0.000	0	0.026	0.01	5.30	Y
21	0.000	0	0.027	0.01	5.30	Y
22	0.000	0	0.025	0.01	5.30	Y
23	0.000	0	0.047	0.01	5.30	Y
24	0.000	0	0.022	0.04	5.30	Y
25	0.000	0	0.024	0.01	5.30	Y
26	0.000	0	0.020	0.03	5.05	Y
27	0.000	0	0.035	0.02	5.30	Y
28	0.000	0	0.029	0.01	5.30	Y
29	0.000	0	0.085	0.01	5.30	Y
30	0.000	0	0.032	0.01	5.30	Y
31	0.000	0	0.025	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] ($PDR \le PDR_{Max}$, $LRV \ge LRC$)	DIT Daily?
Yes	Yes	Yes	Yes	Yes

CT's met daily? (p. 2)	All Cl_2 residual at EP ≥ 0.2 $^{mg}/_{L}$?	$PDR \le PDR_{Max}$?	$LRV_{ambient} \ge LRC$?
Yes	Yes	Yes	Yes

PRINTED NAME: Tyson Keene
SIGNATURE:
Notes:

DATE: 6-5-25
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	0.734	66.1964	48.6	13.2	8.10	22.4	YES	3,362	
2	0.799	70.6168	56.4	13.9	7.96	20.4	YES	3,357	
3	0.933	69.201	64.6	15.3	7.80	17.8	YES	3,352	
4	0.930	74.456	69.3	13.7	7.91	20.7	YES	3,189	
5	0.882	62.3645	55.0	12.7	7.62	19.7	YES	3,339	
6	0.806	70.9456	57.2	13.1	7.92	21.3	YES	3,413	
7	0.819	69.9986	57.3	16.2	7.92	17.3	YES	3,297	
8	0.764	63.5152	48.5	13.5	8.11	22.0	YES	3,304	
9	0.638	69.2439	44.2	13.7	8.10	21.4	YES	3,370	
10	0.775	68.55	53.1	16.0	7.99	17.8	YES	3,351	
11	0.774	67.5299	52.3	15.4	8.06	19.1	YES	3,172	
12	0.695	68.5367	47.7	13.6	8.14	22.0	YES	3,406	
13	0.664	61.7849	41.0	13.2	8.09	22.0	YES	3,290	
14	0.728	69.1628	50.4	13.7	8.20	22.4	YES	3,226	
15	0.763	61.9251	47.3	13.2	8.05	22.1	YES	3,297	
16	0.672	69.3223	46.6	12.5	8.29	24.9	YES	3,297	
17	0.836	67.1466	56.1	14.9	8.03	19.7	YES	3,331	
18	0.816	72.6055	59.2	13.4	8.35	24.5	YES	3,073	
19	0.813	66.0065	53.6	12.4	8.30	25.5	YES	3,295	
20	0.810	66.1312	53.6	13.0	7.99	21.9	YES	3,300	
21	0.755	67.2327	50.7	12.6	7.99	22.4	YES	3,267	
22	0.743	69.4584	51.6	13.9	7.89	19.7	YES	3,289	
23	0.710	68.3789	48.5	12.5	7.91	21.7	YES	3,267	
24	0.800	65.4609	52.4	14.4	8.06	20.5	YES	3,295	
25	0.624	73.305	45.8	15.1	7.93	18.3	YES	3,233	
26	0.757	65.5745	49.7	13.1	7.89	20.9	YES	3,191	
27	0.630	69.3513	43.7	12.7	7.74	20.0	YES	3,415	
28	0.673	69.4226	46.7	15.4	7.96	18.2	YES	3,379	
29	0.694	67.6265	47.0	14.5	7.85	18.6	YES	3,371	
30	0.726	70.7407	51.3	14.0	7.95	20.0	YES	3,372	
31	0.904	69.6915	63.0	16.6	7.88	16.7	YES	3,392	

♦ 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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