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: **Jul-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	0.014	0.01	5.30	Y
2	0.000	0	0.034	0.01	5.30	Y
3	0.000	0	0.035	0.01	5.30	Y
4	0.000	0	0.016	0.01	5.28	Y
5	0.000	0	0.014	0.01	5.24	Y
6	0.000	0	0.015	0.01	5.30	Y
7	0.000	0	0.030	0.02	4.80	Y
8	0.000	0	0.018	0.02	5.30	Y
9	0.000	0	0.049	0.01	5.30	Y
10	0.000	0	0.018	0.01	5.30	Y
11	0.000	0	0.058	0.01	5.22	Y
12	0.000	0	0.018	0.01	5.30	Y
13	0.000	0	0.018	0.01	5.30	Y
14	0.000	0	0.049	0.01	5.30	Y
15	0.000	0	0.021	0.01	5.30	Y
16	0.000	0	0.059	0.01	5.30	Y
17	0.000	0	0.021	0.01	5.30	Y
18	0.000	0	0.063	0.01	5.27	Y
19	0.000	0	0.021	0.01	5.30	Y
20	0.000	0	0.019	0.01	5.30	Y
21	0.000	0	0.035	0.01	5.30	Y
22	0.000	0	0.018	0.01	5.30	Y
23	0.000	0	0.056	0.01	5.30	Y
24	0.000	0	0.020	0.01	5.30	Y
25	0.000	0	0.058	0.01	5.26	Y
26	0.000	0	0.022	0.01	5.30	Y
27	0.000	0	0.022	0.01	5.30	Y
28	0.000	0	0.035	0.01	5.30	Y
29	0.000	0	0.016	0.01	5.30	Y
30	0.000	0	0.024	0.01	5.30	Y
31	0.000	0	0.016	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: 8-6-2025
WT CERT #: T 09109
PHONE #:

♣ *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	1.019	69.0665	70.4	18.3	7.77	14.6	YES	3,258	
2	0.831	73.1942	60.9	16.5	8.06	17.8	YES	3,306	
3	0.836	66.5362	55.6	17.9	7.87	15.2	YES	3,289	
4	1.027	61.2944	63.0	17.2	8.01	17.2	YES	3,324	
5	1.008	62.8648	63.4	15.7	8.00	18.9	YES	3,301	
6	0.996	70.4896	70.2	16.1	7.97	18.2	YES	2,787	
7	0.873	73.2769	64.0	16.5	7.99	17.5	YES	3,272	
8	1.052	71.9243	75.7	16.6	7.76	16.3	YES	3,320	
9	0.934	72.0341	67.3	15.8	7.88	17.7	YES	3,315	
10	1.188	63.8134	75.8	17.1	7.99	17.5	YES	3,326	
11	1.107	61.8524	68.4	16.2	7.97	18.3	YES	3,442	
12	0.895	62.8269	56.2	16.9	8.02	17.3	YES	3,346	
13	1.199	64.7157	77.6	17.6	7.98	16.9	YES	3,376	
14	1.243	71.7558	89.2	18.1	8.08	17.0	YES	3,309	
15	1.430	61.0182	87.3	17.6	7.97	17.3	YES	3,313	
16	1.181	65.4645	77.3	16.3	7.97	18.2	YES	3,291	
17	1.380	59.3476	81.9	17.2	7.89	17.1	YES	3,346	
18	1.169	63.5905	74.3	16.1	7.91	18.0	YES	3,297	
19	1.341	59.8115	80.2	16.6	7.89	17.7	YES	3,327	
20	1.252	67.1918	84.1	16.6	7.90	17.6	YES	3,311	
21	1.149	83.8159	96.3	15.1	8.04	20.2	YES	2,781	
22	1.428	70.4987	100.7	15.2	8.01	20.5	YES	3,259	
23	1.195	71.4982	85.5	15.2	7.90	19.2	YES	3,352	
24	1.455	65.8562	95.8	16.9	7.90	17.6	YES	3,320	
25	1.123	63.1085	70.9	16.7	7.90	17.2	YES	3,388	
26	1.437	63.0555	90.6	18.3	7.92	16.1	YES	3,323	
27	1.434	68.9266	98.9	16.3	7.91	18.4	YES	3,305	
28	1.301	69.742	90.7	15.8	8.03	19.6	YES	3,331	
29	1.443	77.5947	112.0	16.3	7.92	18.5	YES	3,275	
30	1.231	73.5319	90.5	15.4	7.84	18.5	YES	3,344	
31	1.472	67.3265	99.1	16.2	8.02	19.4	YES	3,264	

♦ 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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