

OHA - DWS

Membrane Filter Monthly Operating Report

System Name: **Lebanon, City of**

County: **Linn**

PWS ID#: 41 - **00473**

Month/Year: **Sep-2025**

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

Minimum test pressure applied: **18.3** psi

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

Day	CFE Daily Turbidity [NTU]	Highest CFE* [NTU]	Highest IFE [NTU]	PDR _{Max} [psi/min]	LRC [log removal]	DIT Daily
				0.100	4.00	
				Highest PDR of day [psi/min]	Lowest LRV _{ambient} of day [log removal]	[Y/N] or "off"
1	0.000	0	0.046	0.01	5.30	Y
2	0.000	0	0.037	0.01	5.30	Y
3	0.000	0	0.027	0.01	5.30	Y
4	0.000	0	0.023	0.01	5.30	Y
5	0.000	0	0.075	0.01	5.30	Y
6	0.000	0	0.025	0.01	5.30	Y
7	0.000	0	0.030	0.05	5.10	Y
8	0.000	0	0.036	0.04	5.18	Y
9	0.000	0	0.026	0.05	4.97	Y
10	0.000	0	0.088	0.01	5.30	Y
11	0.000	0	0.043	0.01	5.30	Y
12	0.000	0	0.032	0.05	5.26	Y
13	0.000	0	0.012	0.01	5.30	Y
14	0.000	0	0.012	0.04	5.25	Y
15	0.000	0	0.044	0.04	5.23	Y
16	0.000	0	0.040	0.04	5.09	Y
17	0.000	0	0.051	0.01	5.30	Y
18	0.000	0	0.046	0.01	5.30	Y
19	0.000	0	0.049	0.05	5.15	Y
20	0.000	0	0.012	0.07	4.86	Y
21	0.000	0	0.012	0.02	5.30	Y
22	0.000	0	0.031	0.01	5.30	Y
23	0.000	0	0.029	0.01	5.30	Y
24	0.000	0	0.042	0.04	5.09	Y
25	0.000	0	0.045	0.01	5.30	Y
26	0.000	0	0.052	0.01	5.30	Y
27	0.000	0	0.014	0.01	5.30	Y
28	0.000	0	0.013	0.01	5.30	Y
29	0.000	0	0.057	0.02	5.30	Y
30	0.000	0	0.029	0.08	4.92	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:

SIGNATURE:

Notes:

Tyson Keene

DATE: 10-2-25

WT CERT #: T-09109

PHONE #: 541-990-1254

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Disinfection Monthly Operating ReportSystem 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 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	1.110	69.9506	77.6	15.0	7.98	19.8	YES	3,313	
2	1.127	31.4205	35.4	14.5	7.89	19.9	YES	6,113	Tracer study preformed
3	1.174	68.7768	80.7	15.3	7.96	19.4	YES	3,339	
4	1.123	60.9992	68.5	14.2	7.83	19.8	YES	3,271	
5	0.866	70.7016	61.2	14.5	7.90	19.3	YES	3,364	
6	1.042	67.7919	70.6	15.4	7.94	18.9	YES	3,244	
7	1.020	73.0691	74.5	14.4	7.92	20.0	YES	3,277	
8	0.950	70.2358	66.7	14.1	7.96	20.5	YES	3,305	Tracer study approved
9	0.930	86.4577	80.4	13.6	7.91	20.8	YES	2,441	
10	1.117	58.3551	65.2	13.3	7.88	21.5	YES	3,570	
11	0.917	43.735	40.1	13.8	7.67	18.7	YES	4,768	
12	0.842	72.7859	61.3	13.4	7.88	20.6	YES	3,268	
13	1.059	94.4763	100.0	14.2	7.93	20.4	YES	2,265	
14	1.012	69.6017	70.4	14.5	7.95	20.0	YES	3,135	
15	0.935	47.0878	44.0	13.6	7.83	20.2	YES	4,997	
16	0.911	45.7577	41.7	13.5	7.92	20.9	YES	5,098	
17	0.469	42.8527	20.1	13.6	7.91	19.7	YES	5,087	
18	0.937	43.3122	40.6	14.3	7.94	20.1	YES	5,163	
19	0.901	71.764	64.7	13.7	7.87	20.3	YES	3,232	
20	1.061	92.9967	98.7	14.7	7.93	19.7	YES	2,370	
21	1.005	105.003	105.6	14.8	7.96	19.7	YES	2,370	
22	0.947	45.8177	43.4	13.8	7.83	19.9	YES	5,125	
23	1.082	42.9432	46.5	13.4	7.87	21.0	YES	5,056	
24	1.074	44.744	48.0	14.1	7.86	20.0	YES	5,007	
25	1.052	41.1373	43.3	14.7	7.93	19.7	YES	5,026	
26	1.008	71.3657	72.0	13.9	7.82	19.8	YES	3,229	
27	1.163	115.692	134.5	14.9	7.93	19.7	YES	1,870	
28	1.204	75.4622	90.9	15.2	8.05	20.3	YES	3,101	
29	1.074	43.4884	46.7	14.6	8.04	20.7	YES	4,989	
30	1.097	43.912	48.2	14.4	7.75	18.8	YES	4,714	

* 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