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: **Oct-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	0.024	0.02	5.27	Y
2	0.000	0	0.026	0.01	5.30	Y
3	0.000	0	0.043	0.01	5.13	Y
4	0.000	0	0.014	0.04	4.72	Y
5	0.000	0	0.013	0.01	5.30	Y
6	0.000	0	0.028	0.01	5.30	Y
7	0.000	0	0.036	0.01	5.30	Y
8	0.000	0	0.030	0.01	5.30	Y
9	0.000	0	0.074	0.01	5.30	Y
10	0.000	0	0.039	0.01	5.26	Y
11	0.000	0	0.014	0.01	5.30	Y
12	0.000	0	0.000	0.01	5.30	OFF
13	0.000	0	0.059	0.02	5.22	Y
14	0.000	0	0.028	0.03	5.01	Y
15	0.000	0	0.035	0.03	4.97	Y
16	0.000	0	0.027	0.03	4.90	Y
17	0.000	0	0.036	0.03	5.07	Y
18	0.000	0	0.015	0.04	4.69	Y
19	0.000	0	0.000	0.03	5.07	OFF
20	0.000	0	0.064	0.03	4.98	Y
21	0.000	0	0.024	0.03	4.85	Y
22	0.000	0	0.025	0.03	4.81	Y
23	0.000	0	0.020	0.00	5.30	Y
24	0.000	0	0.038	0.01	5.30	Y
25	0.000	0	0.015	0.01	5.30	Y
26	0.000	0	0.000	0.00	5.30	OFF
27	0.000	0	0.060	0.00	5.30	Y
28	0.000	0	0.025	0.00	5.30	Y
29	0.000	0	0.027	0.02	5.30	Y
30	0.000	0	0.031	0.02	5.05	Y
31	0.000	0	0.057	0.02	5.11	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: 11-5-25
WT CERT #: T 09109
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	1.096	50.1847	55.0	14.5	7.90	19.8	YES	4,485	
2	1.072	39.764	42.6	14.8	7.83	18.9	YES	5,115	
3	1.023	71.5258	73.2	14.6	7.77	18.6	YES	3,323	
4	1.192	64.1603	76.5	16.0	7.86	17.9	YES	3,340	
5	0.991	73.4379	72.8	15.4	7.95	18.8	YES	3,205	
6	1.041	45.1714	47.0	15.0	7.91	19.2	YES	4,998	
7	1.055	45.9103	48.4	13.7	7.88	20.7	YES	4,802	
8	1.043	50.9148	53.1	14.1	7.88	20.1	YES	4,477	
9	1.072	39.968	42.8	13.6	7.94	21.2	YES	5,044	
10	1.041	68.4368	71.3	12.9	7.72	20.6	YES	3,327	
11	1.188	62.8599	74.6	13.7	7.86	20.9	YES	3,286	
12	999.990	#DIV/0!	#DIV/0!	13.4	7.90	#######	#DIV/0!	-	Plant Off
13	0.987	40.4046	39.9	14.2	7.91	20.1	YES	5,174	
14	1.029	46.2076	47.6	13.4	7.97	21.7	YES	4,717	
15	1.028	46.2366	47.5	13.2	7.92	21.7	YES	4,771	
16	1.068	44.113	47.1	12.7	7.77	21.3	YES	4,769	
17	1.012	67.4811	68.3	12.4	7.64	20.6	YES	3,373	
18	1.162	67.2727	78.2	13.9	7.87	20.6	YES	3,293	
19	999.990	#DIV/0!	#DIV/0!	14.1	7.93	#######	#DIV/0!	-	Plant Off
20	0.901	41.5101	37.4	14.3	7.94	19.9	YES	5,172	
21	0.839	41.0868	34.5	14.0	7.94	20.2	YES	5,057	
22	0.851	46.9129	39.9	13.7	7.93	20.5	YES	4,452	
23	0.864	42.5325	36.8	13.8	7.92	20.4	YES	5,059	
24	0.807	68.4977	55.3	13.5	7.57	18.2	YES	3,322	
25	0.927	65.3809	60.6	14.2	7.76	18.9	YES	3,346	
26	999.990	#DIV/0!	#DIV/0!	13.9	7.98	#######	#DIV/0!	-	Plant Off
27	0.820	44.0587	36.1	14.6	7.95	19.5	YES	4,916	
28	0.896	39.4856	35.4	13.8	8.03	21.3	YES	5,645	
29	0.995	40.8015	40.6	14.3	8.04	20.9	YES	5,752	
30	0.882	37.2988	32.9	14.3	8.05	20.7	YES	5,475	
31	0.807	54.0987	43.6	13.7	7.92	20.5	YES	4,131	

♦ 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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