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: **Nov-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	0.017	0.01	5.19	Y
2						OFF
3	0.000	0	0.077	0.00	5.30	Y
4	0.000	0	0.021	0.01	5.30	Y
5	0.000	0	0.025	0.01	5.30	Y
6	0.000	0	0.037	0.01	5.30	Y
7	0.000	0	0.033	0.01	5.30	Y
8	0.000	0	0.014	0.01	5.30	Y
9						OFF
10	0.000	0	0.034	0.02	5.02	Y
11	0.000	0	0.019	0.02	5.05	Y
12	0.000	0	0.044	0.02	4.78	Y
13	0.000	0	0.022	0.02	4.98	Y
14	0.000	0	0.028	0.02	5.27	Y
15	0.000	0	0.013	0.01	5.30	Y
16						OFF
17	0.000	0	0.046	0.01	5.30	Y
18	0.000	0	0.020	0.01	5.30	Y
19	0.000	0	0.025	0.00	5.30	Y
20	0.000	0	0.022	0.00	5.30	Y
21	0.000	0	0.027	0.01	5.30	Y
22	0.000	0	0.014	0.01	5.30	Y
23						OFF
24	0.000	0	0.061	0.00	5.30	Y
25	0.000	0	0.035	0.00	5.30	Y
26	0.000	0	0.024	0.00	5.30	Y
27						OFF
28	0.000	0	0.065	0.01	5.30	Y
29	0.000	0	0.014	0.01	5.30	Y
30						OFF
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: 12-1-25
WT CERT #: T09109
PHONE #: 541-258-4273

♠ *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	1.054	39.6615	41.8	13.9	7.84	20.1	YES	5,637	
2	999.990	#DIV/0!	#DIV/0!	14.2	7.86	########	#DIV/0!	-	Plant OFF
3	0.812	41.6211	33.8	14.4	7.87	19.2	YES	5,751	
4	0.892	41.5509	37.0	13.8	7.91	20.5	YES	5,624	
5	0.858	50.1183	43.0	14.2	8.00	20.6	YES	4,546	
6	0.805	47.4709	38.2	14.1	7.95	20.0	YES	5,162	
7	0.598	67.7122	40.5	14.0	7.61	17.5	YES	3,498	
8	1.164	58.1951	67.7	13.0	7.78	21.2	YES	3,591	
9	999.990	#DIV/0!	#DIV/0!	13.3	7.92	########	#DIV/0!	-	Plant Off
10	0.822	37.4787	30.8	13.6	7.91	20.5	YES	5,204	
11	0.875	42.1766	36.9	13.3	7.97	21.5	YES	5,575	
12	0.881	44.901	39.6	13.1	7.83	20.7	YES	5,224	
13	0.931	40.3583	37.6	13.1	7.87	21.2	YES	5,314	
14	0.793	45.953	36.4	13.1	7.58	18.7	YES	5,138	
15	1.097	43.5499	47.8	13.4	7.78	20.4	YES	5,291	
16	999.990	#DIV/0!	#DIV/0!	13.8	7.88	########	#DIV/0!	-	Plant Off
17	0.837	47.8997	40.1	13.9	7.90	20.1	YES	5,282	
18	0.936	39.3435	36.8	13.5	8.07	22.2	YES	5,302	
19	0.968	54.2446	52.5	12.8	8.02	22.9	YES	4,085	
20	0.980	45.406	44.5	12.3	7.93	22.9	YES	4,668	
21	0.888	60.7521	53.9	12.5	7.67	20.3	YES	3,565	
22	1.012	59.665	60.4	11.5	7.85	23.7	YES	3,550	
23	999.990	#DIV/0!	#DIV/0!	11.5	7.99	########	#DIV/0!	-	Plant Off
24	0.822	38.9635	32.0	12.0	7.99	23.4	YES	5,430	
25	0.934	46.7803	43.7	11.7	8.12	25.4	YES	5,287	
26	0.936	45.5168	42.6	11.0	8.07	26.1	YES	4,952	
27	999.990	#DIV/0!	#DIV/0!	11.4	8.00	########	#DIV/0!	-	Plant Off
28	0.945	46.2544	43.7	12.0	8.02	24.0	YES	4,483	
29	1.121	62.0358	69.5	10.9	7.91	25.5	YES	3,391	
30	999.990	#DIV/0!	#DIV/0!	10.8	8.08	########	#DIV/0!	-	Plant Off
31		#DIV/0!							

♦ 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

Revised 7/31/2023