

OHA - DWS

Membrane Filter Monthly Operating Report

County: **Linn**

System Name: **Lebanon, City of**

Month/Year: **Jan-2026**

PWS ID#: 41 - **00473**

Minimum test pressure applied: **18.3** psi

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

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

PDR_{Max} [psi/min]
0.100

LRC [log removal]
4.00

DIT
Daily

Day	CFE Daily Turbidity [NTU]	Highest CFE* [NTU]	Highest IFE [NTU]	Highest PDR of day [psi/min]	Lowest LRV _{ambient} of day [log removal]	[Y/N] or "off"
1	0.000	0	0.013	0.01	5.30	Y
2	0.000	0	0.014	0.04	4.31	Y
3	0.000	0	0.014	0.04	4.93	Y
4	0.000	0	0.000	0.00	5.30	OFF
5	0.000	0	0.053	0.08	4.67	Y
6	0.000	0	0.013	0.04	4.91	Y
7	0.000	0	0.020	0.04	5.30	Y
8	0.000	0	0.017	0.01	5.30	Y
9	0.000	0	0.030	0.00	5.30	Y
10	0.000	0	0.013	0.01	5.30	Y
11	0.000	0	0.000	0.01	5.30	OFF
12	0.000	0	0.053	0.02	5.30	Y
13	0.000	0	0.018	0.05	4.73	Y
14	0.000	0	0.019	0.05	4.80	Y
15	0.000	0	0.017	0.02	5.08	Y
16	0.000	0	0.049	0.01	5.30	Y
17	0.000	0	0.012	0.01	5.30	Y
18	0.000	0	0.000	0.01	5.30	OFF
19	0.000	0	0.068	0.01	5.30	Y
20	0.000	0	0.018	0.01	5.30	Y
21	0.000	0	0.018	0.01	5.21	Y
22	0.000	0	0.000	0.01	5.30	OFF
23	0.000	0	0.074	0.01	5.06	Y
24	0.000	0	0.015	0.10	4.14	Y
25	0.000	0	0.000	0.10	5.30	OFF
26	0.000	0	0.029	0.10	5.30	Y
27	0.000	0	0.022	0.01	5.30	Y
28	0.000	0	0.023	0.00	5.30	Y
29	0.000	0	0.000	0.00	5.30	OFF
30	0.000	0	0.080	0.01	5.03	Y
31	0.000	0	0.044	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: **2-5-26**

WT CERT #: **T09109**

PHONE #: **541-258-4273**

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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 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	1.587	72.3817	114.9	7.7	7.76	31.4	YES	2,705	
2	1.417	91.2956	129.4	7.9	7.79	30.8	YES	2,519	
3	1.450	73.6235	106.7	8.7	7.73	28.7	YES	2,822	
4	999.990	#DIV/0!	#DIV/0!	9.1	7.79	#####	#DIV/0!	-	Plant Off
5	1.392	86.3869	120.2	9.7	7.78	27.0	YES	2,609	
6	1.590	46.66	74.2	8.3	7.80	30.7	YES	4,752	
7	1.424	48.4451	69.0	8.8	7.65	27.7	YES	4,457	
8	1.430	51.1105	73.1	8.7	7.70	28.2	YES	4,510	
9	1.250	54.931	68.7	8.7	7.68	27.5	YES	3,804	
10	1.455	61.6339	89.7	7.8	7.72	30.4	YES	3,380	
11	999.990	#DIV/0!	#DIV/0!	8.5	7.77	#####	#DIV/0!	-	Plant Off
12	1.299	45.1612	58.7	9.1	7.76	27.7	YES	4,662	
13	1.180	41.5599	49.0	8.6	7.72	27.9	YES	4,996	
14	1.288	47.5587	61.3	8.3	7.65	28.0	YES	4,676	
15	1.441	45.0765	65.0	8.0	7.65	29.1	YES	4,703	
16	1.337	64.0596	85.7	8.0	7.57	28.1	YES	3,329	
17	1.518	65.9639	100.1	7.2	7.75	32.2	YES	3,374	
18	999.990	#DIV/0!	#DIV/0!	7.6	7.80	#####	#DIV/0!	-	Plant Off
19	1.323	61.2767	81.1	8.2	7.78	29.8	YES	3,470	
20	1.468	49.784	73.1	7.5	7.72	31.2	YES	4,608	
21	1.409	41.8635	59.0	7.2	7.71	31.3	YES	4,992	
22	999.990	#DIV/0!	#DIV/0!	7.1	7.74	#####	#DIV/0!	-	Plant Off
23	1.390	64.2691	89.3	8.1	7.76	30.0	YES	3,454	
24	1.530	57.0622	87.3	6.2	7.77	34.6	YES	3,931	
25	999.990	#DIV/0!	#DIV/0!	5.9	7.69	#####	#DIV/0!	-	Plant Off
26	1.235	39.9013	49.3	6.6	7.66	31.5	YES	5,275	
27	1.392	61.6488	85.8	6.6	7.70	32.4	YES	3,699	
28	1.246	52.0973	64.9	6.4	7.69	32.3	YES	4,428	
29	999.990	#DIV/0!	#DIV/0!	7.1	7.76	#####	#DIV/0!	-	Plant Off
30	1.098	67.7071	74.4	7.9	7.77	29.5	YES	3,396	
31	1.221	57.7539	70.5	7.5	7.70	30.0	YES	4,333	

[†] 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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