

OHA - DWS

Membrane Filter Monthly Operating Report

County: **Linn**

System Name: **Lebanon, City of**

Month/Year: **Feb-2026**

PWS ID#: 41 - **00473**

Minimum test pressure applied: **18.3** psi

Plant ID: WTP - **WTP-B**
(e.g., "A")

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

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	0.000	0.00	5.30	OFF
2	0.000	0	0.047	0.01	5.30	Y
3	0.000	0	0.042	0.02	4.90	Y
4	0.000	0	0.023	0.02	5.00	Y
5	0.000	0	0.036	0.01	4.69	Y
6	0.000	0	0.068	0.02	4.80	Y
7	0.000	0	0.043	0.02	5.17	Y
8	0.000	0	0.000	0.01	5.30	OFF
9	0.000	0	0.052	0.02	4.72	Y
10	0.000	0	0.050	0.00	5.30	Y
11	0.000	0	0.028	0.02	4.97	Y
12	0.000	0	0.000	0.02	5.09	OFF
13	0.000	0	0.075	0.02	4.78	Y
14	0.000	0	0.013	0.01	5.30	Y
15	0.000	0	0.000	0.00	5.30	OFF
16	0.000	0	0.059	0.00	5.30	Y
17	0.000	0	0.022	0.00	5.30	Y
18	0.000	0	0.024	0.00	5.30	Y
19	0.000	0	0.000	0.00	5.30	OFF
20	0.000	0	0.081	0.01	5.01	Y
21	0.000	0	0.012	0.01	5.08	Y
22	0.000	0	0.000	0.00	5.30	OFF
23	0.000	0	0.047	0.00	5.30	Y
24	0.000	0	0.022	0.00	5.30	Y
25	0.000	0	0.030	0.00	5.30	Y
26	0.000	0	0.000	0.00	5.30	OFF
27	0.000	0	0.078	0.02	4.60	Y
28	0.000	0	0.012	0.02	4.68	Y
29	0.000	0				
30	0.000	0				
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: **3-2-26**

WT CERT #: **T 09105**

PHONE #: **641-254-4273**

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	999.990	#DIV/0!	#DIV/0!	7.8	7.78	#####	#DIV/0!	-	Plant Off
2	1.036	44.4412	46.1	8.2	7.79	28.9	YES	5,114	
3	1.054	51.3856	54.2	8.2	7.78	28.8	YES	4,477	
4	1.160	59.5478	69.1	8.0	7.68	28.5	YES	4,081	
5	1.092	101.885	111.2	8.3	7.61	27.1	YES	2,268	
6	1.006	63.1731	63.6	8.7	7.44	24.6	YES	3,782	
7	1.103	65.8821	72.7	7.8	7.54	27.3	YES	3,609	
8	999.990	#DIV/0!	#DIV/0!	8.2	7.54	#####	#DIV/0!	-	Plant Off
9	0.815	47.7521	38.9	8.6	7.52	24.9	YES	4,531	
10	0.919	56.1259	51.6	8.9	7.80	27.3	YES	3,976	
11	1.133	57.2275	64.8	8.0	7.80	29.6	YES	4,330	
12	999.990	#DIV/0!	#DIV/0!	7.9	7.90	#####	#DIV/0!	-	Plant Off
13	1.013	58.9559	59.8	8.7	7.89	28.9	YES	3,912	
14	1.223	59.6034	72.9	7.9	7.87	31.0	YES	3,871	
15	999.990	#DIV/0!	#DIV/0!	8.6	7.89	#####	#DIV/0!		Plant Off
16	0.743	48.8075	36.3	8.9	7.87	27.5	YES	4,570	
17	0.739	45.0092	33.3	7.9	7.80	28.7	YES	4,458	
18	0.961	60.6535	58.3	7.9	7.90	30.4	YES	3,919	
19	999.990	#DIV/0!	#DIV/0!	7.9	7.91	#####	#DIV/0!	-	Plant Off
20	0.919	61.8083	56.8	8.6	7.88	28.6	YES	3,523	
21	1.264	66.5045	84.1	7.5	7.90	32.4	YES	3,575	
22	999.990	#DIV/0!	#DIV/0!	8.4	8.01	#####	#DIV/0!	-	Plant Off
23	0.897	46.3784	41.6	8.6	7.99	29.8	YES	4,685	
24	0.907	50.1946	45.5	8.7	7.63	25.9	YES	4,206	
25	0.883	65.7928	58.1	8.7	7.61	25.7	YES	3,398	
26	999.990	#DIV/0!	#DIV/0!	9.2	7.72	#####	#DIV/0!	-	Plant Off
27	0.862	55.2732	47.7	9.4	7.72	25.6	YES	3,826	
28	1.274	49.9126	63.6	8.2	7.79	29.6	YES	4,480	
29		#DIV/0!							
30		#DIV/0!							
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

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