

# OHA - DWS

## Membrane Filter Monthly Operating Report

County: Linn

System Name: Lebanon, City of

Month/Year: 26-March

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<sub>Max</sub> [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 <sub>ambient</sub> of day [log removal]	[Y/N] or "off"
1	0.000	0				Off
2	0.000	0	0.041	0.02	5.30	Y
3	0.000	0	0.015	0.01	5.30	Y
4	0.000	0	0.019	0.02	5.30	Y
5	0.000	0				Off
6	0.000	0	0.061	0.07	4.83	Y
7	0.000	0	0.016	0.03	5.30	Y
8	0.000	0				Off
9	0.000	0	0.091	0.03	5.30	Y
10	0.000	0	0.017	0.01	5.30	Y
11	0.000	0				Off
12	0.000	0	0.013	0.02	5.30	Y
13	0.000	0	0.034	0.02	5.30	Y
14	0.000	0	0.014	0.03	5.30	Y
15	0.000	0				Off
16	0.000	0	0.050	0.02	5.30	Y
17	0.000	0	0.021	0.07	4.67	Y
18	0.000	0				Off
19	0.000	0	0.083	0.09	4.71	Y
20	0.000	0	0.034	0.04	5.21	Y
21	0.000	0	0.014	0.04	5.29	Y
22	0.000	0				Off
23	0.000	0	0.052	0.03	5.30	Y
24	0.000	0	0.025	0.03	5.25	Y
25	0.000	0				Off
26	0.000	0	0.083	0.04	5.19	Y
27	0.000	0	0.039	0.04	5.30	Y
28	0.000	0	0.014	0.02	5.30	Y
29	0.000	0				Off
30	0.000	0	0.050	0.03	5.30	Y
31	0.000	0	0.025	0.04	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 <sub>Max</sub> , LRV ≥ LRC)	DIT Daily?
Yes	Yes	Yes	Yes	Yes
CT's met daily? (p. 2)	All Cl <sub>2</sub> residual at EP ≥ 0.2	PDR ≤ PDR <sub>Max</sub> ?	LRV <sub>ambient</sub> ≥ LRC?	
Yes	Yes	Yes	Yes	

PRINTED NAME: Tyson Keene

SIGNATURE: 

Notes:

DATE: 4-1-26  
WT CERT #: T09109  
PHONE #: 541-990-1254

# 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 <sub>2</sub> Residual at 1 <sup>st</sup> 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								-	Plant Off
2	1.32	43.81	57.65	10.00	8.09	29.41	YES	4,868	
3	1.20	64.31	77.43	9.43	7.92	28.39	YES	3,259	
4	1.34	58.62	78.57	9.34	7.73	27.05	YES	3,923	
5								-	Plant Off
6	0.99	54.12	53.82	10.03	7.88	26.26	YES	3,935	
7	1.35	53.06	71.39	9.83	7.62	25.25	YES	3,858	
8								-	Plant Off
9	1.14	42.89	48.78	10.33	7.96	26.90	YES	4,894	
10	0.93	66.51	61.88	9.84	7.69	24.69	YES	3,235	
11								-	Plant Off
12	1.09	48.29	52.56	9.90	7.60	24.22	YES	4,591	
13	1.13	57.47	64.67	10.46	8.00	27.05	YES	3,851	
14	1.10	55.62	61.21	10.09	7.65	24.39	YES	3,865	
15								-	Plant Off
16	1.08	44.22	47.84	10.40	7.77	24.83	YES	5,301	
17	0.91	70.78	64.62	10.24	7.59	23.14	YES	3,292	
18								-	Plant Off
19	1.11	38.86	42.94	10.66	7.91	25.79	YES	5,361	
20	1.02	55.21	56.08	11.51	7.73	22.62	YES	3,845	
21	1.04	54.18	56.45	11.36	7.60	21.89	YES	3,879	
22								-	Plant Off
23	1.10	42.87	47.13	10.11	7.81	25.72	YES	5,137	
24	1.10	43.40	47.95	10.58	7.58	23.06	YES	5,314	
25								-	Plant Off
26	1.09	34.43	37.68	9.58	7.42	23.20	YES	5,983	
27	1.08	56.56	61.31	11.59	7.96	24.53	YES	3,844	
28	1.15	50.01	57.68	10.65	7.82	25.09	YES	4,357	
29								-	Plant Off
30	1.06	39.86	42.09	10.46	7.47	22.20	YES	5,363	
31	1.11	43.79	48.50	10.93	7.84	24.71	YES	4,895	

\* 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 10<sup>th</sup> of following month by**

mail: Drinking Water Services  
PO Box 14350  
Portland, OR 97293-0350

email: [dwp.dmce@odhsoha.oregon.gov](mailto:dwp.dmce@odhsoha.oregon.gov)  
fax: 971-673-0458

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