Membrane Filter Monthly Operating Report

System Name: **Riverbend**

PWS ID#: 41 - **41-00601**

Plant ID : WTP -

0.5

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]
1	0.96	63	60.7	11.37	6.79	16.4	YES	65
2	0.83	63	52.3	12.01	6.88	16.0	YES	65
3	0.70	63	44.2	11.49	6.80	15.8	YES	65
4	1.17	63	74.0	12.14	6.87	16.4	YES	65
5	1.42	63	89.7	12.05	6.86	16.9	YES	65
6	1.58	63	99.2	12.18	6.85	17.0	YES	65
7	1.57	63	98.6	12.47	6.85	16.6	YES	65
8	1.24	63	77.9	11.58	6.84	16.9	YES	65
9	1.02	63	64.3	12.01	6.82	16.0	YES	65
10	1.36	63	85.7	12.18	6.85	16.6	YES	65
11	1.09	63	68.5	11.74	6.91	16.9	YES	65
12	1.18	63	74.6	12.53	6.94	16.0	YES	65
13	1.43	63	90.0	11.58	6.79	17.0	YES	65
14	1.35	63	85.2	12.08	6.82	16.5	YES	65
15	1.18	63	74.2	11.87	6.90	16.9	YES	65
16	1.39	63	87.4	12.43	6.82	16.2	YES	65
17	1.43	63	90.0	12.12	6.86	16.8	YES	65
18	1.41	63	89.1	11.74	6.92	17.5	YES	65
19	1.26	63	79.1	11.72	6.80	16.6	YES	65
20	1.38	63	86.6	12.76	6.94	16.1	YES	65
21	1.19	63	75.0	12.95	6.90	15.4	YES	65
22	1.13	63	70.9	11.85	6.86	16.5	YES	65
23	1.32	63	83.2	12.56	6.83	15.6	YES	65
24	1.35	63	85.1	11.83	6.80	16.7	YES	65
25	1.22	63	76.5	12.47	6.87	16.1	YES	65
26	1.18	63	74.4	12.41	6.79	15.7	YES	65
27	1.61	63	101.2	12.70	6.86	16.2	YES	65
28	1.53	63	96.6	12.97	6.87	15.8	YES	65
29	1.24	63	78.1	12.76	6.92	15.8	YES	65
30	1.49	63	93.8	12.60	6.87	16.1	YES	65
31	1.54	63	97.1	12.66	6.87	16.1	YES	65

- 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

⇦ Log Inactivation
Disinfection

Notes (e.g. "Plant Off")