

OHA - DWS

Membrane Filter Monthly Operating Report

County: **Umatilla**

System Name: **City of Pendleton**

Month/Year: **Jul-2024**

PWS ID#: 41 - **000613**

Minimum test pressure applied: **10.5** psi

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

Minimum test pressure req'd: **10.07** 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] **0.154**
LRC [log removal] **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
1	0.044	0.066	N/A	0.08	4.06	Y
2	0.044	0.056	N/A	0.08	4.10	Y
3	0.047	0.069	N/A	0.08	4.07	Y
4	0.046	0.099	N/A	0.07	4.07	Y
5	0.047	0.063	N/A	0.08	4.08	Y
6	0.049	0.073	N/A	0.08	4.03	Y
7	0.045	0.073	N/A	0.07	4.06	Y
8	0.046	0.073	N/A	0.07	4.08	Y
9	0.046	0.067	N/A	0.07	4.05	Y
10	0.046	0.077	N/A	0.07	4.05	Y
11	0.045	0.057	N/A	0.08	4.07	Y
12	0.045	0.070	N/A	0.08	4.09	Y
13	0.045	0.073	N/A	0.07	4.08	Y
14	0.045	0.097	N/A	0.08	4.07	Y
15	0.048	0.076	N/A	0.08	4.07	Y
16	0.047	0.074	N/A	0.08	4.06	Y
17	0.045	0.078	N/A	0.07	4.02	Y
18	0.046	0.082	N/A	0.08	4.04	Y
19	0.046	0.072	N/A	0.07	4.06	Y
20	0.045	0.075	N/A	0.08	4.03	Y
21	0.048	0.065	N/A	0.08	4.04	Y
22	0.045	0.073	N/A	0.08	4.04	Y
23	0.046	0.069	N/A	0.08	4.06	Y
24	0.046	0.072	N/A	0.08	4.05	Y
25	0.046	0.079	N/A	0.08	4.04	Y
26	0.048	0.072	N/A	0.08	4.07	Y
27	0.045	0.079	N/A	0.08	4.05	Y
28	0.044	0.072	N/A	0.08	4.10	Y
29	0.044	0.074	N/A	0.08	4.07	Y
30	0.044	0.089	N/A	0.09	4.04	Y
31	0.044	0.072	N/A	0.08	4.09	Y

Compliance summary (operator to complete any blank fields)

95% of daily turbidity readings ≤ 1 NTU? [Y/N] Yes	All turbidity readings ≤ 5 NTU? [Y/N] Yes	All IFE turbidity readings ≤ 0.15 NTU? [Y/N] Yes	Performance std met? [Y/N] (PDR ≤ PDR _{Max} , LRV ≥ LRC) Yes	DIT Daily? Yes
CT's met daily? (p. 2) Yes	All Cl ₂ residual at EP ≥ 0.2 mg/L? Yes	PDR ≤ PDR _{Max} ? Yes	LRV _{ambient} ≥ LRC? Yes	

PRINTED NAME: *Tin Smith* DATE: *8-5-2024*
 SIGNATURE: *Tin Smith* WT CERT #: *2052*
 Notes: PHONE #: *541 379 1195*

♣ Used for optimization purposes only.

OHA-DWS

Disinfection Monthly Operating Report

System Name: City of Pendleton

PWS ID#: 41 - 613

Plant ID : WTP - A

0.5

Log
Inactivation
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	0.548	116	63.6	19.8	7.90	13	YES	1,672	
2	0.549	117	64.2	19.6	7.88	13	YES	1,693	
3	0.518	120	62.2	20.2	7.90	13	YES	1,846	
4	0.411	117	48.1	20.8	7.90	12	YES	1,735	
5	0.513	109	55.9	20.9	7.97	12	YES	1,707	
6	0.628	117	73.5	21.0	7.95	12	YES	1,811	
7	0.559	128	71.6	21.5	7.98	12	YES	1,647	
8	0.519	117	60.8	22.0	7.98	12	YES	1,748	
9	0.500	124	62.0	22.2	8.01	12	YES	1,627	
10	0.460	114	52.5	23.0	8.08	11	YES	1,766	
11	0.451	115	51.8	23.4	8.07	11	YES	1,672	
12	0.460	87	40.0	23.7	8.18	11	YES	1,802	
13	0.510	116	59.2	23.4	8.13	11	YES	1,614	
14	0.490	110	53.9	23.4	8.15	11	YES	1,724	
15	0.471	117	55.1	23.5	8.15	11	YES	1,613	
16	0.461	111	51.2	23.0	8.21	12	YES	1,693	
17	0.470	114	53.6	23.0	8.17	12	YES	1,657	
18	0.629	111	69.8	23.1	8.10	11	YES	1,682	
19	0.560	105	58.8	22.9	8.10	12	YES	1,746	
20	0.590	103	60.7	23.5	8.18	11	YES	1,837	
21	0.569	109	62.1	23.4	8.17	11	YES	1,682	
22	0.619	115	71.2	23.6	8.16	11	YES	1,646	
23	0.530	105	55.6	23.4	8.12	11	YES	1,773	
24	0.510	109	55.6	22.7	8.23	12	YES	1,665	
25	0.570	115	65.5	22.2	8.17	12	YES	1,652	
26	0.569	112	63.8	21.5	8.19	13	YES	1,637	
27	0.578	107	61.9	20.7	8.15	14	YES	1,693	
28	0.568	113	64.2	20.7	8.12	13	YES	1,685	
29	0.539	112	60.4	21.3	8.11	13	YES	1,721	
30	0.529	108	57.2	21.2	8.08	13	YES	1,666	
31	0.541	109	59.0	20.8	8.09	13	YES	1,698	

* 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