

# OHA - DWS

## Membrane Filter Monthly Operating Report

System Name: City of Pendleton

County: Umatilla

PWS ID#: 41 - 000613

Month/Year: Aug-2024

Plant ID: WTP - A

Minimum test pressure applied: 10.5 psi

Minimum test pressure req'd: 10.07 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

Day	CFE Daily Turbidity [NTU]	Highest CFE* [NTU]	Highest IFE [NTU]	PDR <sub>Max</sub> [psi/min]		LRC [log removal]	DIT Daily
				0.154		4.00	
				Highest PDR of day [psi/min]	Lowest LRV <sub>ambient</sub> of day [log removal]		[Y/N] or "off"
1	0.045	0.057	N/A	0.08	4.04		Y
2	0.045	0.071	N/A	0.08	4.04		Y
3	0.045	0.058	N/A	0.08	4.04		Y
4	0.046	0.069	N/A	0.08	4.04		Y
5	0.045	0.066	N/A	0.08	4.06		Y
6	0.046	0.073	N/A	0.08	4.04		Y
7	0.045	0.066	N/A	0.08	4.05		Y
8	0.046	0.074	N/A	0.08	4.04		Y
9	0.044	0.066	N/A	0.08	4.05		Y
10	0.046	0.067	N/A	0.08	4.05		Y
11	0.046	0.074	N/A	0.08	4.03		Y
12	0.045	0.072	N/A	0.08	4.06		Y
13	0.045	0.068	N/A	0.08	4.03		Y
14	0.045	0.073	N/A	0.08	4.04		Y
15	0.045	0.075	N/A	0.08	4.02		Y
16	0.045	0.070	N/A	0.08	4.02		Y
17	0.045	0.075	N/A	0.08	4.03		Y
18	0.045	0.073	N/A	0.08	4.03		Y
19	0.047	0.069	N/A	0.09	4.09		Y
20	0.045	0.082	N/A	0.08	4.06		Y
21	0.046	0.076	N/A	0.09	4.01		Y
22	0.045	0.064	N/A	0.07	4.08		Y
23	0.046	0.065	N/A	0.09	4.07		Y
24	0.045	0.063	N/A	0.09	4.06		Y
25	0.046	0.071	N/A	0.09	4.05		Y
26	0.047	0.077	N/A	0.07	4.03		Y
27	0.049	0.093	N/A	0.08	4.11		Y
28	0.045	0.081	N/A	0.08	4.03		Y
29	0.045	0.074	N/A	0.07	4.10		Y
30	0.048	0.062	N/A	0.07	4.10		Y
31	0.045	0.066	N/A	0.07	4.09		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 mg/L?	PDR ≤ PDR <sub>Max</sub> ?	LRV <sub>ambient</sub> ≥ LRC?	
		Yes	Yes	

PRINTED NAME: *Tim Smith*

SIGNATURE: *Tim Smith*

Notes:

DATE: *9-3-24*

WT CERT #: *7052*

PHONE #: *541-379-1195*

## 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 <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	0.420	106	44.5	21.3	7.97	12	YES	1,688	
2	0.410	105	43.1	22.3	8.06	12	YES	1,663	
3	0.420	112	47.1	23.1	8.08	11	YES	1,647	
4	0.391	110	43.0	23.7	8.09	11	YES	1,728	
5	0.381	118	45.0	24.1	8.07	10	YES	1,647	
6	0.342	114	39.0	24.2	8.12	10	YES	1,706	
7	0.342	114	39.0	24.2	8.12	10	YES	1,706	
8	0.383	115	44.0	23.9	8.16	11	YES	1,674	
9	0.361	112	40.4	22.7	8.20	12	YES	1,708	
10	0.322	111	35.7	22.3	8.13	12	YES	1,751	
11	0.322	111	35.7	22.3	8.13	12	YES	1,751	
12	0.520	116	60.3	22.4	8.12	12	YES	1,643	
13	0.629	116	73.0	22.8	8.12	12	YES	1,650	
14	0.609	115	70.0	21.8	8.09	12	YES	1,677	
15	0.609	115	70.0	21.8	8.09	12	YES	1,677	
16	0.618	117	72.4	21.2	8.09	13	YES	1,628	
17	0.658	116	76.4	21.3	8.02	13	YES	1,638	
18	0.718	115	82.5	21.0	8.02	13	YES	1,606	
19	0.678	117	79.3	21.5	8.04	12	YES	1,626	
20	0.619	115	71.2	21.9	8.01	12	YES	1,694	
21	0.549	108	59.3	21.6	8.04	12	YES	1,732	
22	0.529	106	56.1	21.4	8.05	12	YES	1,771	
23	0.509	112	57.0	21.4	8.01	12	YES	1,653	
24	0.708	87	61.6	21.2	8.00	13	YES	2,079	
25	0.648	117	75.9	20.6	7.95	13	YES	1,650	
26	0.767	113	86.6	18.8	7.81	14	YES	1,664	
27	0.767	102	78.3	19.7	7.89	13	YES	1,812	
28	0.728	99	72.1	20.3	7.92	13	YES	1,715	
29	0.827	105	86.8	20.5	7.87	13	YES	1,724	
30	0.806	110	88.7	18.4	7.95	15	YES	1,638	
31	0.766	110	84.3	18.6	7.86	14	YES	1,683	

\* 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