

OHA - DWS

Membrane Filter Monthly Operating Report

County: **Umatilla**

System Name: **City of Pendleton**

Month/Year: **Dec-2024**

PWS ID#: 41 - **000613**

Minimum test pressure applied: **10.5** psi

Plant ID: WTP - **A**

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 _{Max} [psi/min]	LRC [log removal]	DIT Daily
				0.154	4.00	
				Highest PDR of day [psi/min]	Lowest LRV _{ambient} of day [log removal]	[Y/N] or "off"
1	0.049	0.053	N/A	0.08	4.15	Y
2	0.049	0.052	N/A	0.11	4.03	Y
3	0.093	0.138	N/A	0.08	4.02	Y
4	0.051	0.145	N/A	0.09	4.19	Y
5	0.048	0.055	N/A	0.08	4.12	Y
6	0.049	0.053	N/A	0.08	4.16	Y
7	0.053	0.053	N/A	0.08	4.15	Y
8	0.049	0.051	N/A	0.08	4.18	Y
9	0.049	0.052	N/A	0.08	4.18	Y
10	0.049	0.052	N/A	0.08	4.15	Y
11	0.049	0.053	N/A	0.08	4.15	Y
12	0.050	0.054	N/A	0.08	4.16	Y
13	0.049	0.054	N/A	0.08	4.17	Y
14	0.049	0.051	N/A	0.08	4.17	Y
15	0.052	0.052	N/A	0.08	4.16	Y
16	0.053	0.057	N/A	0.08	4.14	Y
17	0.049	0.061	N/A	0.08	4.17	Y
18	0.058	0.054	N/A	0.08	4.14	Y
19	0.052	0.056	N/A	0.07	4.18	Y
20	0.051	0.055	N/A	0.07	4.19	Y
21	0.053	0.051	N/A	0.07	4.20	Y
22	0.058	0.074	N/A	0.07	4.19	Y
23	0.050	0.053	N/A	0.07	4.19	Y
24	0.051	0.056	N/A	0.07	4.19	Y
25	0.051	0.066	N/A	0.07	4.17	Y
26	0.055	0.054	N/A	0.08	4.10	Y
27	0.052	0.056	N/A	0.07	4.16	Y
28	0.050	0.055	N/A	0.07	4.17	Y
29	0.050	0.053	N/A	0.07	4.18	Y
30	0.051	0.056	N/A	0.07	4.19	Y
31	0.052	0.056	N/A	0.07	4.17	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? <input checked="" type="radio"/> Y <input type="radio"/> N	Performance std met? [Y/N] (PDR ≤ PDR _{Max} , LRV ≥ LRC)	DIT Daily?
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	

PRINTED NAME: *Tim Smith*
 SIGNATURE: *Tim Smith*
 Notes:

DATE: *1-2-2025*
 WT CERT #: *7025*
 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	0.825	102	84.1	7.6	7.39	25	YES	1,647	
2	0.815	103	83.9	7.3	7.39	26	YES	1,543	
3	0.666	97	64.6	7.2	7.38	25	YES	1,662	
4	0.617	106	65.4	6.9	7.37	26	YES	1,549	
5	0.845	95	80.3	6.7	7.39	27	YES	1,725	
6	0.953	100	95.3	6.4	7.39	28	YES	1,601	
7	0.973	96	93.5	6.2	7.39	28	YES	1,597	
8	0.914	89	81.3	6.0	7.38	28	YES	1,780	
9	0.894	100	89.4	6.0	7.40	29	YES	1,591	
10	0.855	94	80.4	6.4	7.41	28	YES	1,622	
11	0.854	98	83.7	6.8	7.43	27	YES	1,571	
12	0.697	96	66.9	6.1	7.41	28	YES	1,544	
13	0.864	95	82.1	5.7	7.38	29	YES	1,586	
14	0.904	89	80.4	5.7	7.37	29	YES	1,691	
15	0.915	93	85.1	5.8	7.39	29	YES	1,856	
16	0.895	98	87.7	6.9	7.42	27	YES	1,670	
17	0.895	101	90.4	7.5	7.40	26	YES	1,599	
18	0.807	93	75.0	7.3	7.38	26	YES	1,666	
19	0.896	92	82.4	7.5	7.35	25	YES	1,723	
20	0.468	50	23.4	8.0	7.28	23	YES	4,628	
21	0.408	58	23.7	6.8	7.07	23	YES	4,648	
22	0.695	44	30.6	6.7	7.06	24	YES	6,415	
23	0.635	48	30.5	6.6	7.01	23	YES	5,707	
24	0.608	46	28.0	7.1	7.06	23	YES	7,431	
25	0.577	47	27.1	7.7	7.04	22	YES	7,436	
26	1.034	49	50.7	7.4	6.94	23	YES	7,432	
27	0.915	46	42.1	6.8	6.90	23	YES	7,410	
28	0.921	43	39.6	7.3	6.95	22	YES	7,766	
29	0.885	43	38.1	7.3	6.95	22	YES	7,766	
30	0.766	47	36.0	7.6	6.98	22	YES	7,408	
31	0.805	46	37.0	7.5	6.95	22	YES	7,426	

* 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