

OHA - DWS

Membrane Filter Monthly Operating Report

County: **Umatilla**

System Name: **City of Pendleton**

Month/Year: **Feb-2025**

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]	Highest PDR of day [^{psi} /min]	Lowest LRV _{ambient} of day [log removal]	DIT Daily [Y/N] or "off"
				0.154	4.00	
1	0.052	0.054	N/A	0.07	4.07	Y
2	0.052	0.055	N/A	0.07	4.12	Y
3	0.053	0.062	N/A	0.07	4.10	Y
4	0.052	0.055	N/A	0.08	4.04	Y
5	0.053	0.056	N/A	0.08	4.20	Y
6	0.053	0.054	N/A	0.08	4.20	Y
7	0.053	0.055	N/A	0.07	4.19	Y
8	0.053	0.055	N/A	0.08	4.19	Y
9	0.053	0.054	N/A	0.08	4.21	Y
10	0.053	0.055	N/A	0.08	4.19	Y
11	0.051	0.053	N/A	0.09	4.11	Y
12	0.051	0.053	N/A	0.09	4.07	Y
13	0.051	0.053	N/A	0.08	4.06	Y
14	0.051	0.058	N/A	0.08	4.13	Y
15	0.051	0.055	N/A	0.08	4.15	Y
16	0.051	0.053	N/A	0.08	4.11	Y
17	0.052	0.053	N/A	0.08	4.09	Y
18	0.067	0.055	N/A	0.08	4.04	Y
19	0.052	0.053	N/A	0.08	4.01	Y
20	0.052	0.055	N/A	0.07	4.03	Y
21	0.052	0.060	N/A	0.07	4.02	Y
22	0.054	0.063	N/A	0.08	4.01	Y
23	0.053	0.061	N/A	0.07	4.02	Y
24	0.052	0.056	N/A	0.08	4.03	Y
25	0.055	0.055	N/A	0.08	4.04	Y
26	0.053	0.000	N/A	0.00	0.00	OFF
27	0.062	0.058	N/A	0.07	4.03	Y
28	0.053	0.059	N/A	0.06	4.07	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]	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: *Tim Smith* DATE: *3/4/25*
 SIGNATURE: *Tim Smith* WT CERT #: *7058*
 Notes: *plant down DW 2/26/25* 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 ₂ Residual at 1 st User (C) * [^m g/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	0.863	96	82.8	5.2	7.32	29	YES	1,679	
2	0.863	96	82.8	5.2	7.32	29	YES	1,679	
3	0.863	92	79.4	6.0	7.31	28	YES	1,764	
4	0.863	92	79.4	6.0	7.31	28	YES	1,764	
5	0.853	87	74.2	5.9	7.35	28	YES	1,696	
6	0.776	99	76.8	5.9	7.32	28	YES	1,651	
7	0.893	104	92.9	4.8	7.30	30	YES	1,796	
8	1.003	110	110.3	5.0	7.34	30	YES	1,667	
9	1.003	110	110.3	4.8	7.34	31	YES	1,627	
10	1.003	110	110.3	4.6	7.33	31	YES	1,620	
11	1.032	101	104.3	5.3	7.33	30	YES	1,782	
12	0.883	99	87.4	3.8	7.34	32	YES	1,678	
13	0.893	102	91.1	3.2	7.33	34	YES	1,613	
14	0.873	91	79.5	2.8	7.33	35	YES	1,727	
15	0.873	108	94.3	2.7	7.32	35	YES	1,638	
16	1.043	103	107.4	3.4	7.31	34	YES	1,656	
17	0.934	95	88.7	5.5	7.36	29	YES	1,619	
18	0.934	95	88.7	5.5	7.36	29	YES	1,619	
19	0.786	39	30.6	5.8	7.25	27	YES	6,864	
20	0.865	49	42.4	4.8	7.02	27	YES	6,928	
21	0.835	49	40.9	5.3	6.96	26	YES	6,945	
22	0.835	49	40.9	5.3	6.96	26	YES	6,945	
23	0.815	52	42.4	6.5	7.00	24	YES	6,932	
24	0.755	54	40.8	7.2	6.98	22	YES	6,915	
25	0.826	55	45.4	6.1	6.84	23	YES	6,404	
26	0.816	41	33.4	6.1	6.98	24	YES	-	Plant Off
27	0.817	41	33.5	6.2	6.97	24	YES	5,095	
28	0.883	99	87.4	5.8	6.88	24	YES	7,493	

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@odhsosha.oregon.gov
fax: 971-673-0458

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