

OHA - DWS

Membrane Filter Monthly Operating Report

System Name: **City of Pendleton**

County: **Umatilla**

Month/Year: **Mar-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

PDR_{Max} [psi/min]
0.154

LRC [log removal]
4.00

DIT
Daily

Day	CFE Daily Turbidity [NTU]	Highest CFE* [NTU]	Highest IFE [NTU]	Highest PDR of day [psi/min]	Lowest LRV _{ambient} of day [log removal]	[Y/N] or "off"
1	0.052	0.057	N/A	0.06	4.02	Y
2	0.052	0.055	N/A	0.07	4.09	Y
3	0.052	0.053	N/A	0.07	4.10	Y
4	0.055	0.061	N/A	0.07	4.08	Y
5	0.053	0.060	N/A	0.07	4.11	Y
6	0.052	0.054	N/A	0.07	4.12	Y
7	0.053	0.055	N/A	0.08	4.15	Y
8	0.053	0.054	N/A	0.07	4.11	Y
9	0.053	0.054	N/A	0.07	4.12	Y
10	0.053	0.054	N/A	0.07	4.11	Y
11	0.053	0.055	N/A	0.07	4.10	Y
12	0.053	0.054	N/A	0.07	4.12	Y
13	0.053	0.054	N/A	0.07	4.09	Y
14	0.053	0.055	N/A	0.07	4.07	Y
15	0.053	0.080	N/A	0.07	4.11	Y
16	0.054	0.055	N/A	0.07	4.12	Y
17	0.054	0.055	N/A	0.07	4.15	Y
18	0.054	0.071	N/A	0.08	4.07	Y
19	0.054	0.055	N/A	0.08	4.11	Y
20	0.054	0.055	N/A	0.08	4.06	Y
21	0.054	0.055	N/A	0.07	4.13	Y
22	0.054	0.058	N/A	0.08	4.13	Y
23	0.054	0.058	N/A	0.08	4.10	Y
24	0.054	0.057	N/A	0.08	4.13	Y
25	0.054	0.056	N/A	0.07	4.08	Y
26	0.055	0.057	N/A	0.07	4.09	Y
27	0.054	0.060	N/A	0.07	4.10	Y
28	0.054	0.061	N/A	0.08	4.12	Y
29	0.054	0.066	N/A	0.07	4.09	Y
30	0.054	0.056	N/A	0.08	4.09	Y
31	0.054	0.076	N/A	0.08	4.08	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 _{Max} , LRV ≥ LRC)	DIT Daily?
Yes	Yes		Yes	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*
SIGNATURE: *Tim Smith*
Notes:

DATE: *4-3-25*
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 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	0.671	41	27.5	6.2	6.88	23	YES	5,095	
2	0.837	48	40.2	6.7	6.84	22	YES	7,291	
3	0.745	47	35.0	6.4	6.85	23	YES	7,228	
4	0.745	47	35.0	6.4	6.85	23	YES	7,228	
5	0.865	52	45.0	6.6	6.84	22	YES	6,708	
6	0.825	47	38.8	6.4	6.85	23	YES	7,326	
7	0.864	52	45.0	6.5	6.85	23	YES	7,055	
8	0.884	48	42.4	6.2	6.87	23	YES	7,134	
9	0.755	52	39.3	5.9	6.87	23	YES	6,702	
10	0.745	50	37.3	6.5	6.91	23	YES	6,611	
11	0.825	48	39.6	7.1	6.94	22	YES	7,120	
12	0.857	49	42.0	7.4	6.97	22	YES	7,116	
13	0.865	52	45.0	7.6	6.97	22	YES	7,083	
14	0.859	50	43.0	7.5	6.97	22	YES	6,865	
15	0.874	54	47.2	7.7	6.97	22	YES	6,861	
16	0.924	55	50.8	6.4	6.96	24	YES	6,949	
17	0.904	51	46.1	6.7	6.95	23	YES	6,820	
18	0.924	51	47.1	6.7	6.95	23	YES	6,600	
19	0.807	50	40.3	6.4	6.94	23	YES	6,862	
20	0.835	55	45.9	6.5	6.95	23	YES	6,864	
21	0.885	52	46.0	6.3	6.96	24	YES	6,604	
22	0.934	50	46.7	6.7	6.99	24	YES	6,611	
23	0.946	50	47.3	7.0	7.01	23	YES	6,927	
24	0.855	51	43.6	7.4	6.95	22	YES	6,606	
25	0.855	51	43.6	7.4	6.95	22	YES	6,606	
26	0.945	50	47.2	8.4	6.95	21	YES	6,868	
27	0.806	54	43.5	8.8	6.89	20	YES	6,871	
28	0.935	49	45.8	9.3	6.86	19	YES	6,863	
29	0.819	49	40.1	8.8	6.85	19	YES	6,867	
30	0.845	51	43.1	7.7	6.84	21	YES	6,865	
31	0.913	53	48.4	7.7	6.85	21	YES	6,606	

* 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

p. 2 of 2
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