OHA - DWS

Membrane Filter Monthly Operating Report

System Name: **City of Pendleton**
PWS ID#: 41 - **000613**
Plant ID: WTP - **A** *(e.g., "A")*

County: **Umatilla**
Month/Year: **May-2025**
Minimum test pressure **applied**: **10.5** psi
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} [$^{psi}/_{min}$]	LRC [log removal]
0.154	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 [Y/N] or "off"
1	0.055	0.058	N/A	0.07	4.05	Y
2	0.056	0.061	N/A	0.05	4.06	Y
3	0.055	0.062	N/A	0.06	4.05	Y
4	0.056	0.065	N/A	0.07	4.06	Y
5	0.062	0.066	N/A	0.07	4.05	Y
6	0.069	0.059	N/A	0.07	4.01	Y
7	0.061	0.059	N/A	0.07	4.06	Y
8	0.057	0.065	N/A	0.07	4.04	Y
9	0.057	0.063	N/A	0.06	4.06	Y
10	0.057	0.062	N/A	0.06	4.03	Y
11	0.056	0.062	N/A	0.05	4.06	Y
12	0.055	0.077	N/A	0.06	4.04	Y
13	0.057	0.059	N/A	0.06	4.06	Y
14	0.055	0.060	N/A	0.07	4.06	Y
15	0.055	0.059	N/A	0.07	4.01	Y
16	0.055	0.061	N/A	0.06	4.01	Y
17	0.056	0.059	N/A	0.06	4.04	Y
18	0.055	0.059	N/A	0.06	4.02	Y
19	0.055	0.059	N/A	0.07	4.01	Y
20	0.055	0.059	N/A	0.07	4.02	Y
21	0.055	0.060	N/A	0.07	4.00	Y
22	0.056	0.087	N/A	0.07	4.02	Y
23	0.056	0.059	N/A	0.07	4.02	Y
24	0.057	0.066	N/A	0.07	4.06	Y
25	0.057	0.077	N/A	0.07	4.04	Y
26	0.056	0.073	N/A	0.07	4.06	Y
27	0.057	0.069	N/A	0.07	4.02	Y
28	0.056	0.067	N/A	0.07	4.02	Y
29	0.056	0.071	N/A	0.07	4.04	Y
30	0.059	0.067	N/A	0.07	4.06	Y
31	0.058	0.072	N/A	0.07	4.06	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] ($PDR \le PDR_{Max}$, $LRV \ge LRC$)	DIT Daily?
Yes	**Yes**	Y	**Yes**	**Yes**

CT's met daily? (p. 2)	All Cl_2 residual at EP ≥ 0.2 $^{mg}/_{L}$?	$PDR \le PDR_{Max}$?	$LRV_{ambient} \ge LRC$?
Yes	Yes	**Yes**	**Yes**

PRINTED NAME: Tim Smith
SIGNATURE: Tim Smith
Notes:

DATE: 6-2-25
WT CERT #: 7052
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 1st 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	0.756	47	35.5	11.8	7.13	17	YES	7,537	
2	0.787	45	35.4	11.5	7.15	18	YES	7,566	
3	0.829	45	37.3	12.2	7.13	17	YES	7,639	
4	0.768	45	34.5	13.4	7.14	16	YES	7,657	
5	0.835	46	38.4	12.4	7.13	17	YES	7,433	
6	0.796	45	35.8	11.2	7.14	18	YES	7,484	
7	0.821	46	37.8	11.7	7.12	18	YES	7,296	
8	0.875	47	41.1	11.9	7.13	18	YES	7,031	
9	0.736	58	42.7	13.1	7.11	16	YES	4,585	
10	0.733	46	33.7	14.3	7.19	15	YES	7,420	
11	0.721	46	33.2	14.0	7.20	15	YES	7,371	
12	0.688	45	31.0	14.9	7.20	14	YES	7,778	
13	0.647	45	29.1	14.2	7.21	15	YES	7,809	
14	0.647	45	29.1	12.5	7.22	17	YES	7,556	
15	0.697	47	32.7	12.5	7.20	17	YES	7,164	
16	0.716	46	32.9	12.7	7.21	17	YES	7,179	
17	0.785	47	36.9	13.0	7.23	17	YES	7,163	
18	0.737	46	33.9	13.5	7.24	16	YES	7,178	
19	0.707	46	32.5	13.4	7.21	16	YES	7,168	
20	0.667	46	30.7	12.7	7.21	16	YES	7,164	
21	0.676	46	31.1	12.2	7.19	17	YES	7,173	
22	0.708	46	32.6	13.7	7.21	16	YES	7,198	
23	0.708	46	32.6	13.7	7.21	16	YES	7,198	
24	0.747	46	34.4	14.9	7.25	15	YES	7,158	
25	0.789	52	41.0	14.5	7.27	15	YES	5,617	
26	0.621	65	40.4	16.0	7.29	14	YES	3,535	
27	0.611	88	53.8	17.2	7.32	13	YES	2,039	
28	0.597	100	59.7	17.1	7.52	14	YES	1,698	
29	0.607	101	61.3	16.7	7.59	15	YES	1,675	
30	0.689	101	69.6	17.1	7.60	14	YES	1,667	
31	0.757	101	76.4	17.8	7.64	14	YES	1,656	

♦ 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