OHA - DWS

Membrane Filter Monthly Operating Report

System Name: **City of Pendleton** | County: **Umatilla**

PWS ID#: 41 - **000613** | Month/Year: **Jun-2025**

Plant ID: WTP - **A** (e.g., "A")

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	0.058	0.067	N/A	0.07	4.05	Y
2	0.056	0.068	N/A	0.07	4.07	Y
3	0.056	0.065	N/A	0.06	4.04	Y
4	0.056	0.084	N/A	0.07	4.02	Y
5	0.056	0.070	N/A	0.07	4.04	Y
6	0.056	0.065	N/A	0.07	4.05	Y
7	0.056	0.065	N/A	0.07	4.07	Y
8	0.057	0.064	N/A	0.07	4.06	Y
9	0.057	0.066	N/A	0.07	4.07	Y
10	0.058	0.065	N/A	0.09	4.02	Y
11	0.057	0.080	N/A	0.08	4.03	Y
12	0.057	0.067	N/A	0.08	4.02	Y
13	0.058	0.063	N/A	0.08	4.07	Y
14	0.058	0.069	N/A	0.05	4.02	Y
15	0.057	0.093	N/A	0.05	4.04	Y
16	0.056	0.067	N/A	0.08	4.07	Y
17	0.057	0.076	N/A	0.08	4.03	Y
18	0.061	0.069	N/A	0.08	4.03	Y
19	0.060	0.088	N/A	0.08	4.04	Y
20	0.057	0.066	N/A	0.08	4.02	Y
21	0.057	0.063	N/A	0.08	4.04	Y
22	0.059	0.063	N/A	0.08	4.07	Y
23	0.057	0.066	N/A	0.08	4.06	Y
24	0.057	0.065	N/A	0.08	4.02	Y
25	0.057	0.064	N/A	0.08	4.06	Y
26	0.057	0.065	N/A	0.08	4.02	Y
27	0.057	0.063	N/A	0.08	4.03	Y
28	0.057	0.064	N/A	0.08	4.04	Y
29	0.057	0.065	N/A	0.08	4.03	Y
30	0.058	0.067	N/A	0.08	4.01	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**	**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	**Yes**	**Yes**

PRINTED NAME: Tim Smith

SIGNATURE: Tim Smith

DATE: 7/1/25

WT CERT #: 7052

PHONE #: 541-379-1195

Notes:

♠ *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	0.757	101	76.4	17.8	7.64	14	YES	1,656	
2	0.757	99	74.9	17.8	7.65	14	YES	1,753	
3	0.736	100	73.6	17.1	7.65	15	YES	1,685	
4	0.736	100	73.6	17.1	7.65	15	YES	1,685	
5	0.716	101	72.4	16.8	7.64	15	YES	1,703	
6	0.746	104	77.6	17.4	7.64	14	YES	1,644	
7	0.727	106	77.0	18.1	7.65	14	YES	1,620	
8	0.717	98	70.3	18.8	7.67	13	YES	1,777	
9	0.712	99	70.5	19.7	7.68	12	YES	1,709	
10	0.721	99	71.4	20.6	7.68	12	YES	1,681	
11	0.689	98	67.5	21.0	7.69	11	YES	1,746	
12	0.668	97	64.8	21.9	7.72	11	YES	1,802	
13	0.628	94	59.0	20.4	7.76	12	YES	1,847	
14	0.618	95	58.7	19.7	7.78	13	YES	1,847	
15	0.637	95	60.5	19.1	7.79	13	YES	1,848	
16	0.627	102	63.9	19.5	7.77	13	YES	1,687	
17	0.568	95	53.9	20.1	7.79	12	YES	1,860	
18	0.538	107	57.5	19.8	7.84	13	YES	1,547	
19	0.538	110	59.1	20.2	7.85	12	YES	1,535	
20	0.518	107	55.5	20.2	7.87	13	YES	1,590	
21	0.557	102	56.9	19.4	7.84	13	YES	1,648	
22	0.606	98	59.4	17.3	7.82	15	YES	1,668	
23	0.636	104	66.2	16.9	7.74	15	YES	1,611	
24	0.666	107	71.2	18.0	7.74	14	YES	1,582	
25	0.626	106	66.4	19.5	7.78	13	YES	1,601	
26	0.548	107	58.6	20.9	7.84	12	YES	1,595	
27	0.548	107	58.6	20.9	7.84	12	YES	1,595	
28	0.548	100	54.8	20.7	7.84	12	YES	1,731	
29	0.518	107	55.4	20.6	7.85	12	YES	1,597	
30	0.525	107	56.2	20.7	7.84	12	YES	1,623	

♦ 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

revised 7/31/2023