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: **Sep-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	0.057	0.074	N/A	0.09	4.05	Y
2	0.059	0.065	N/A	0.10	4.06	Y
3	0.061	0.066	N/A	0.09	4.08	Y
4	0.058	0.081	N/A	0.10	4.11	Y
5	0.060	0.065	N/A	0.10	4.07	Y
6	0.057	0.067	N/A	0.09	4.09	Y
7	0.060	0.062	N/A	0.09	4.09	Y
8	0.059	0.080	N/A	0.08	4.06	Y
9	0.059	0.064	N/A	0.10	4.09	Y
10	0.060	0.063	N/A	0.09	4.07	Y
11	0.057	0.070	N/A	0.07	4.06	Y
12	0.057	0.064	N/A	0.07	4.14	Y
13	0.057	0.064	N/A	0.08	4.05	Y
14	0.057	0.065	N/A	0.09	4.08	Y
15	0.061	0.064	N/A	0.07	4.07	Y
16	0.061	0.064	N/A	0.08	4.08	Y
17	0.059	0.065	N/A	0.09	4.10	Y
18	0.059	0.065	N/A	0.09	4.08	Y
19	0.060	0.064	N/A	0.09	4.06	Y
20	0.057	0.066	N/A	0.09	4.08	Y
21	0.058	0.065	N/A	0.09	4.11	Y
22	0.059	0.063	N/A	0.09	4.09	Y
23	0.060	0.064	N/A	0.07	4.08	Y
24	0.060	0.064	N/A	0.09	4.06	Y
25	0.058	0.067	N/A	0.09	4.11	Y
26	0.058	0.066	N/A	0.09	4.05	Y
27	0.058	0.064	N/A	0.09	4.04	Y
28	0.057	0.064	N/A	0.09	4.08	Y
29	0.061	0.063	N/A	0.09	4.10	Y
30	0.058	0.063	N/A	0.09	4.07	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**	**Yes**	**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: Scott Roe
SIGNATURE: Scott Roe
Notes:

DATE: 10-01-25
WT CERT #: 8331
PHONE #: 541-969-3148

♣ *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	0.612	106	64.9	22.4	7.83	11	YES	1,605	
2	0.609	107	65.2	22.3	7.80	11	YES	1,585	
3	0.658	104	68.4	22.2	7.85	11	YES	1,647	
4	0.538	107	57.6	22.2	7.80	11	YES	1,592	
5	0.638	107	68.2	22.4	7.91	11	YES	1,570	
6	0.588	105	61.7	21.9	7.91	11	YES	1,639	
7	0.608	104	63.2	21.1	7.90	12	YES	1,627	
8	0.637	106	67.6	21.6	7.88	12	YES	1,603	
9	0.577	107	61.8	21.0	7.72	11	YES	1,567	
10	0.638	105	67.0	21.3	7.90	12	YES	1,634	
11	0.638	105	67.0	21.3	7.90	12	YES	1,634	
12	0.591	106	62.6	21.1	7.83	12	YES	1,603	
13	0.568	106	60.2	21.5	7.81	11	YES	1,608	
14	0.598	102	61.0	21.4	7.87	12	YES	1,581	
15	0.610	99	60.4	21.0	7.85	12	YES	1,618	
16	0.617	95	58.6	20.9	7.84	12	YES	1,633	
17	0.632	95	60.0	19.0	7.71	13	YES	1,638	
18	0.666	93	61.9	19.1	7.77	13	YES	1,635	
19	0.637	99	63.1	19.6	7.80	13	YES	1,619	
20	0.726	97	70.4	20.0	7.80	13	YES	1,682	
21	0.597	96	57.4	20.4	7.84	12	YES	1,664	
22	0.597	98	58.5	20.4	7.86	13	YES	1,670	
23	0.716	101	72.3	20.3	7.84	13	YES	1,608	
24	0.715	92	65.8	18.0	7.80	15	YES	1,652	
25	0.705	89	62.8	17.8	7.81	15	YES	1,738	
26	0.785	95	74.6	18.0	7.75	14	YES	1,635	
27	0.815	99	80.7	18.4	7.74	14	YES	1,565	
28	0.825	97	80.0	17.3	7.77	15	YES	1,604	
29	0.676	91	61.5	17.0	7.74	15	YES	1,676	
30	0.715	95	67.9	17.2	7.74	15	YES	1,646	

♦ 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

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