

# OHA - DWS

## Membrane Filter Monthly Operating Report

System Name: City of Pendleton

County: Umatilla

PWS ID#: 41 - 000613

Month/Year: Nov-2025

Plant ID: WTP - A

Minimum test pressure **applied**: 10.5 psi

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 [ <sup>psi</sup> /min]	Lowest LRV <sub>ambient</sub> of day [log removal]	DIT Daily [Y/N] or "off"
				0.154	4.00	
1	0.059	0.068	N/A	0.08	4.07	Y
2	0.059	0.076	N/A	0.08	4.04	Y
3	0.060	0.066	N/A	0.09	4.07	Y
4	0.060	0.065	N/A	0.09	4.06	Y
5	0.060	0.064	N/A	0.09	4.03	Y
6	0.061	0.064	N/A	0.08	4.05	Y
7	0.060	0.065	N/A	0.09	4.06	Y
8	0.061	0.065	N/A	0.09	4.06	Y
9	0.061	0.065	N/A	0.08	4.06	Y
10	0.061	0.064	N/A	0.09	4.03	Y
11	0.064	0.068	N/A	0.09	4.04	Y
12	0.065	0.070	N/A	0.09	4.07	Y
13	0.064	0.067	N/A	0.09	4.03	Y
14	0.064	0.068	N/A	0.08	4.07	Y
15	0.065	0.068	N/A	0.09	4.07	Y
16	0.064	0.073	N/A	0.09	4.07	Y
17	0.063	0.067	N/A	0.09	4.06	Y
18	0.064	0.070	N/A	0.09	4.06	Y
19	0.064	0.068	N/A	0.09	4.06	Y
20	0.064	0.067	N/A	0.09	4.07	Y
21	0.064	0.068	N/A	0.09	4.08	Y
22	0.066	0.068	N/A	0.09	4.07	Y
23	0.065	0.067	N/A	0.09	4.06	Y
24	0.064	0.068	N/A	0.09	4.07	Y
25	0.065	0.073	N/A	0.09	4.03	Y
26	0.064	0.067	N/A	0.09	4.07	Y
27	0.064	0.067	N/A	0.09	4.06	Y
28	0.064	0.068	N/A	0.09	4.06	Y
29	0.064	0.067	N/A	0.09	4.06	Y
30	0.065	0.067	N/A	0.09	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 ≤ PDR <sub>Max</sub> , LRV ≥ LRC)	DIT Daily?
Yes	Yes	Yes	Yes	Yes
CT's met daily? (p. 2)	All Cl <sub>2</sub> residual at EP ≥ 0.2 mg/L?	PDR ≤ PDR <sub>Max</sub> ?	LRV <sub>ambient</sub> ≥ LRC?	
Yes	Yes	Yes	Yes	

PRINTED NAME: Scott Roe

SIGNATURE: 

Notes:

DATE: 12-2-25

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 <sub>2</sub> Residual at 1 <sup>st</sup> User ( C ) * [ <sup>mg</sup> /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	0.812	97	78.8	10.3	7.44	22	YES	1,597	
2	0.812	97	78.8	10.3	7.44	22	YES	1,597	
3	0.812	102	82.9	10.8	7.42	21	YES	1,511	
4	0.793	83	65.8	11.5	7.43	20	YES	1,644	
5	0.773	101	78.1	10.7	7.44	21	YES	1,547	
6	0.753	101	76.1	10.5	7.41	21	YES	1,531	
7	0.753	96	72.3	10.9	7.41	20	YES	1,597	
8	0.724	90	65.2	11.2	7.44	20	YES	1,621	
9	0.724	88	63.7	11.8	7.46	20	YES	1,587	
10	0.713	93	66.3	9.9	7.42	22	YES	1,591	
11	0.713	93	66.3	9.9	7.42	22	YES	1,591	
12	0.604	89	53.8	9.9	7.41	21	YES	1,570	
13	0.574	99	56.9	11.4	7.45	20	YES	1,589	
14	0.526	94	49.4	10.7	7.45	20	YES	1,606	
15	0.714	90	64.2	11.0	7.44	20	YES	1,562	
16	0.714	97	69.2	11.9	7.49	20	YES	1,592	
17	0.714	97	69.2	11.9	7.49	20	YES	1,592	
18	0.644	100	64.4	11.3	7.43	20	YES	1,531	
19	0.703	95	66.8	11.3	7.47	20	YES	1,592	
20	0.693	86	59.6	10.2	7.48	22	YES	1,587	
21	0.683	91	62.2	9.3	7.43	23	YES	1,547	
22	0.554	93	51.5	9.0	7.41	23	YES	1,593	
23	0.553	89	49.3	8.7	7.43	23	YES	1,641	
24	0.722	95	68.6	9.7	7.43	22	YES	1,549	
25	0.722	95	68.6	9.7	7.43	22	YES	1,549	
26	0.693	91	63.0	8.4	7.42	24	YES	1,619	
27	0.683	88	60.1	8.5	7.38	23	YES	1,532	
28	0.683	85	58.0	9.2	7.37	22	YES	1,606	
29	0.693	99	68.6	9.2	7.40	23	YES	1,648	
30	0.653	103	67.2	8.5	7.37	23	YES	1,498	

\* If chlorine concentration at entry point < 0.2 <sup>mg</sup>/L, or CT not met, notify DWS within 24 hours.

**Submit this monthly report by the 10<sup>th</sup> of following month by**

mail: Drinking Water Services  
PO Box 14350  
Portland, OR 97293-0350

email: [dwp\\_dmce@odhsoha.oregon.gov](mailto:dwp_dmce@odhsoha.oregon.gov)

fax: 971-673-0458