OHA - DWS

Membrane Filter Monthly Operating Report

System Name: **City of Pendleton**	County: **Umatilla**
PWS ID#: 41 - **000613**	Month/Year: **Dec-2025**
Plant ID: WTP - **A**	Minimum test pressure **applied**: **10.5** psi
(e.g., "A")	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

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"
				PDR$_{Max}$ [$^{psi}/_{min}$] **0.154**	LRC [log removal] **4.00**	
1	0.064	0.067	N/A	0.08	4.04	Y
2	0.065	0.068	N/A	0.08	4.07	Y
3	0.065	0.077	N/A	0.09	4.14	Y
4	0.062	0.076	N/A	0.09	4.13	Y
5	0.062	0.070	N/A	0.08	4.06	Y
6	0.063	0.071	N/A	0.08	4.08	Y
7	0.063	0.064	N/A	0.06	4.09	Y
8	0.071	0.079	N/A	0.08	4.11	Y
9	0.065	0.077	N/A	0.08	4.05	Y
10	0.064	0.074	N/A	0.07	4.04	Y
11	0.069	0.075	N/A	0.08	4.03	Y
12	0.000	0.000	N/A	0.00	0.00	OFF
13	0.064	0.076	N/A	0.08	4.04	Y
14	0.065	0.073	N/A	0.08	4.03	Y
15	0.076	0.073	N/A	0.08	4.05	Y
16	0.079	0.077	N/A	0.07	4.05	Y
17	0.066	0.096	N/A	0.08	4.05	Y
18	0.069	0.079	N/A	0.08	4.05	Y
19	0.065	0.073	N/A	0.07	4.08	Y
20	0.000	0.000	N/A	0.00	0.00	OFF
21	0.076	0.096	N/A	0.07	4.18	Y
22	0.066	0.072	N/A	0.07	4.16	Y
23	0.066	0.076	N/A	0.07	4.07	Y
24	0.067	0.071	N/A	0.07	4.07	Y
25	0.065	0.092	N/A	0.07	4.08	Y
26	0.065	0.071	N/A	0.07	4.09	Y
27	0.066	0.069	N/A	0.07	4.07	Y
28	0.066	0.071	N/A	0.07	4.08	Y
29	0.065	0.068	N/A	0.07	4.09	Y
30	0.065	0.066	N/A	0.07	4.10	Y
31	0.065	0.070	N/A	0.08	4.05	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: Scott Roe
SIGNATURE: *(signature)*
Notes:

DATE: 01-06-2026
WT CERT #: 8331
PHONE #: 541-969-3148

♣ *Used for optimization purposes only.*

Revised 7/31/2023

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 Cl₂ 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	0.643	90	57.8	7.6	7.36	25	YES	1,674	
2	0.633	95	60.1	6.8	7.36	26	YES	1,563	
3	0.633	95	60.1	6.7	7.25	25	YES	1,606	
4	0.589	83	48.9	7.2	7.01	22	YES	1,527	
5	0.621	91	56.5	6.8	7.10	24	YES	1,346	
6	0.614	91	55.9	7.4	6.74	20	YES	1,376	
7	0.631	106	66.9	8.3	7.04	21	YES	1,324	
8	0.594	102	60.6	8.3	7.04	21	YES	1,237	
9	0.584	96	56.1	8.4	7.04	21	YES	1,395	
10	0.564	86	48.5	9.6	7.05	19	YES	1,353	
11	0.644	93	59.9	9.8	7.05	19	YES	1,327	
12	0.000	0	0.0	0.0	0.00	0	NO	-	Plant Off
13	0.631	92	58.1	9.6	6.89	18	YES	1,212	
14	0.515	102	52.5	9.2	6.90	19	YES	1,337	
15	0.713	90	64.2	8.3	6.92	20	YES	1,305	
16	0.714	43	30.7	9.0	6.96	20	YES	4,630	
17	0.853	48	40.9	9.8	7.04	20	YES	5,666	
18	0.873	43	37.5	8.1	7.00	22	YES	7,171	
19	0.747	42	31.4	8.0	7.01	21	YES	7,049	
20	0.000	0	0.0	0.0	0.00	0	NO	-	Plant Off
21	0.622	47	29.2	7.5	7.03	21	YES	5,198	
22	0.625	43	26.9	7.4	6.91	21	YES	7,294	
23	0.681	43	29.3	7.2	6.90	22	YES	7,198	
24	0.733	47	34.5	7.0	6.91	22	YES	7,163	
25	0.882	55	48.5	7.4	6.91	22	YES	6,756	
26	0.882	55	48.5	7.4	6.91	22	YES	6,756	
27	0.813	52	42.3	7.3	6.90	22	YES	6,642	
28	0.832	54	45.0	6.6	6.90	23	YES	6,643	
29	0.743	56	41.6	5.8	6.88	24	YES	6,623	
30	0.693	53	36.7	5.2	6.90	25	YES	6,695	
31	0.683	54	36.9	4.5	6.91	26	YES	6,643	

✦ 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