

OHA - DWS

Membrane Filter Monthly Operating Report

County: **Umatilla**

System Name: **City of Pendleton**

Month/Year: **Feb-2026**

PWS ID#: 41 - **000613**

Minimum test pressure **applied**: **10.5** psi

Plant ID: WTP - **A**

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

PDR_{Max} [^{psi}/_{min}]

LRC [log removal]

0.154

4.00

**DIT
Daily**

Day	CFE Daily Turbidity [NTU]	Highest CFE* [NTU]	Highest IFE [NTU]	Highest PDR of day [^{psi} / _{min}]	Lowest LRV _{ambient} of day [log removal]	[Y/N] or "off"
1	0.000	0.000	N/A	0.00	0.00	OFF
2	0.000	0.000	N/A	0.00	0.00	OFF
3	0.000	0.000	N/A	0.00	0.00	OFF
4	0.000	0.000	N/A	0.00	0.00	OFF
5	0.000	0.000	N/A	0.00	0.00	OFF
6	0.000	0.000	N/A	0.00	0.00	OFF
7	0.000	0.000	N/A	0.00	0.00	OFF
8	0.000	0.000	N/A	0.00	0.00	OFF
9	0.000	0.000	N/A	0.00	0.00	OFF
10	0.000	0.000	N/A	0.00	0.00	OFF
11	0.000	0.000	N/A	0.00	0.00	OFF
12	0.000	0.000	N/A	0.00	0.00	OFF
13	0.000	0.000	N/A	0.00	0.00	OFF
14	0.000	0.000	N/A	0.00	0.00	OFF
15	0.000	0.000	N/A	0.00	0.00	OFF
16	0.000	0.000	N/A	0.00	0.00	OFF
17	0.000	0.000	N/A	0.00	0.00	OFF
18	0.000	0.000	N/A	0.00	0.00	OFF
19	0.000	0.000	N/A	0.00	0.00	OFF
20	0.000	0.000	N/A	0.00	0.00	OFF
21	0.000	0.000	N/A	0.00	0.00	OFF
22	0.000	0.000	N/A	0.00	0.00	OFF
23	0.000	0.000	N/A	0.00	0.00	OFF
24	0.000	0.000	N/A	0.00	0.00	OFF
25	0.000	0.000	N/A	0.00	0.00	OFF
26	0.000	0.000	N/A	0.00	0.00	OFF
27	0.000	0.000	N/A	0.00	0.00	OFF
28	0.000	0.000	N/A	0.00	0.00	OFF

Compliance summary (operator to complete any blank fields)

95% of daily turbidity readings ≤ 1 NTU? [Y/N] Plant OFF	All turbidity readings ≤ 5 NTU? [Y/N] Plant OFF	All IFE turbidity readings ≤ 0.15 NTU? [Y/N] Plant OFF	Performance std met? [Y/N] (PDR ≤ PDR _{Max} ; LRV ≥ LRC) Plant OFF	DIT Daily? OFF
CT's met daily? (p. 2) Plant OFF	All Cl ₂ residual at EP ≥ 0.2 mg/L? Plant OFF	PDR ≤ PDR _{Max} ? Plant OFF	LRV _{ambient} ≥ LRC? Plant OFF	

PRINTED NAME: *Scott Roe*
SIGNATURE: *Scott Roe*
Notes:

DATE: *3-2-2026*
WT CERT #: *D-08331*
PHONE #: *541-964-3148*

OHA-DWS

Disinfection Monthly Operating Report

Feb-2026

System Name: City of Pendleton

PWS ID#: 41 - 613

Plant ID : WTP - A

0.5 [Log Inactivation Disinfection](#)

Day	Minimum Cl ₂ Residual at 1 st 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	0.000	0	0.0	0.0	0.00	0	OFF	-	OFF
2	0.000	0	0.0	0.0	0.00	0	OFF	-	OFF
3	0.000	0	0.0	0.0	0.00	0	OFF	-	OFF
4	0.000	0	0.0	0.0	0.00	0	OFF	-	OFF
5	0.000	0	0.0	0.0	0.00	0	OFF	-	OFF
6	0.000	0	0.0	0.0	0.00	0	OFF	-	OFF
7	0.000	0	0.0	0.0	0.00	0	OFF	-	OFF
8	0.000	0	0.0	0.0	0.00	0	OFF	-	OFF
9	0.000	0	0.0	0.0	0.00	0	OFF	-	OFF
10	0.000	0	0.0	0.0	0.00	0	OFF	-	OFF
11	0.000	0	0.0	0.0	0.00	0	OFF	-	OFF
12	0.000	0	0.0	0.0	0.00	0	OFF	-	OFF
13	0.000	0	0.0	0.0	0.00	0	OFF	-	OFF
14	0.000	0	0.0	0.0	0.00	0	OFF	-	OFF
15	0.000	0	0.0	0.0	0.00	0	OFF	-	OFF
16	0.000	0	0.0	0.0	0.00	0	OFF	-	OFF
17	0.000	0	0.0	0.0	0.00	0	OFF	-	OFF
18	0.000	0	0.0	0.0	0.00	0	OFF	-	OFF
19	0.000	0	0.0	0.0	0.00	0	OFF	-	OFF
20	0.000	0	0.0	0.0	0.00	0	OFF	-	OFF
21	0.000	0	0.0	0.0	0.00	0	OFF	-	OFF
22	0.000	0	0.0	0.0	0.00	0	OFF	-	OFF
23	0.000	0	0.0	0.0	0.00	0	OFF	-	OFF
24	0.000	0	0.0	0.0	0.00	0	OFF	-	OFF
25	0.000	0	0.0	0.0	0.00	0	OFF	-	OFF
26	0.000	0	0.0	0.0	0.00	0	OFF	-	OFF
27	0.000	0	0.0	0.0	0.00	0	OFF	-	OFF
28	0.000	0	0.0	0.0	0.00	0	OFF	-	OFF

* 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