

OHA - DWS

Membrane Filter Monthly Operating Report

County: LANE

System Name: ROW RIVER WTP

Month/Year: Feb-2024

PWS ID#: 41 - 00236

Minimum test pressure applied || req'd: 27.18 psi || 27.0 psi

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

DIT = Direct Integrity Test on filter(s) [Yes, No, or "off" if all filters are offline] ⇔

PDR = Pressure Decay Rate

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

LRC [log removal]

DIT
Daily

LRC = Log Removal Credit


0.300

4.00

Day	CFE Daily Turbidity [NTU]	Highest CFE* [NTU]	Highest IFE [NTU] (>15 min duration)	Highest PDR of day [^{psi} / _{min}]	Lowest LRV _{ambient} of day [log removal]	[Y/N] or "off"
1	0.015		0.015	0.17	5.00	Y
2	0.015		0.015	0.16	5.03	Y
3	0.014		0.015	0.18	4.98	Y
4	0.016		0.016	0.17	5.04	Y
5	0.015		0.015	0.17	5.04	Y
6	0.016		0.016	0.17	5.02	Y
7	0.015		0.015	0.17	5.00	Y
8	0.015		0.015	0.18	5.14	Y
9	0.014		0.014	0.17	4.98	Y
10	0.016		0.016	0.16	5.01	Y
11	0.014		0.014	0.19	5.06	Y
12	0.014		0.014	0.18	5.01	Y
13	0.016		0.016	0.19	4.95	Y
14	0.016		0.016	0.18	5.00	Y
15	0.019		0.019	0.18	5.02	Y
16	0.014		0.014	0.20	5.04	Y
17	0.017		0.017	0.19	5.05	Y
18	0.015		0.015	0.16	5.09	Y
19	0.015		0.015	0.16	5.09	Y
20	0.014		0.014	0.16	5.09	Y
21	0.016		0.016	0.16	5.07	Y
22	0.015		0.015	0.18	5.15	Y
23	0.016		0.016	0.17	5.08	Y
24	0.015		0.015	0.18	5.14	Y
25	0.015		0.015	0.18	5.09	Y
26	0.015		0.015	0.17	5.08	Y
27	0.015		0.015	0.17	5.15	Y
28	0.015		0.015	0.17	5.07	Y
29	0.016		0.016	0.19	5.03	Y
30						Y
31						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: Ryan Kimball DATE: Mar-24
 SIGNATURE:  WT CERT #: T-882889
 Notes: PHONE #: 5149427094

* Used for optimization purposes only.

Disinfection Monthly Operating Report

System Name: ROW RIVER WTP

PWS ID#: 41 - 00236

Plant ID : WTP - B

0.5

↳ Log Inactivation Required via 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	0.740	140	103.6	9.9	7.77	24.7	YES	871	
2	0.740	140	103.6	10.0	7.70	23.9	YES	856	
3	0.740	140	103.6	9.6	7.72	24.8	YES	1,023	
4	0.720	140	100.8	9.7	7.71	24.5	YES	954	
5	0.720	140	100.8	9.7	7.70	24.4	YES	806	
6	0.730	140	102.2	9.7	7.64	23.9	YES	803	
7	0.730	140	102.2	9.7	7.67	24.2	YES	798	
8	0.730	140	102.2	9.6	7.74	25.0	YES	785	
9	0.740	140	103.6	9.5	7.75	25.2	YES	1,449	
10	0.730	140	102.2	9.0	7.78	26.3	YES	981	
11	0.740	140	103.6	9.6	7.80	25.6	YES	973	
12	0.740	140	103.6	9.5	7.81	25.8	YES	834	
13	0.740	140	103.6	9.4	7.84	26.3	YES	818	
14	0.750	140	105.0	9.1	7.85	26.8	YES	783	
15	0.740	140	103.6	9.1	7.86	26.9	YES	805	
16	0.740	140	103.6	9.1	7.86	26.9	YES	857	
17	0.730	140	102.2	8.9	7.85	27.1	YES	963	
18	0.730	140	102.2	9.1	7.86	26.9	YES	972	
19	0.710	140	99.4	9.2	7.87	26.8	YES	908	
20	0.740	140	103.6	9.3	7.86	26.5	YES	850	
21	0.750	140	105.0	9.5	7.87	26.3	YES	819	
22	0.740	140	103.6	9.5	7.89	26.5	YES	845	
23	0.740	140	103.6	9.7	7.88	26.1	YES	853	
24	0.740	140	103.6	9.4	7.86	26.4	YES	944	
25	0.750	140	105.0	9.5	7.83	25.9	YES	982	
26	0.740	140	103.6	9.8	7.80	25.1	YES	886	
27	0.760	140	106.4	9.7	7.82	25.5	YES	815	
28	0.750	140	105.0	9.7	7.81	25.4	YES	786	
29	0.740	140	103.6	9.3	7.81	26.0	YES	796	
30		140							
31		140							

* 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

OHA - Drinking Water Services - Surface Water Quality Data Form

System Name: Cottage Grove, City of				ID #: 4100236	Month/Year: FEB / 2024	WTP - : Disinfection <i>Giardia</i> Log Inactivation:	WTP - B 0.5
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Date	Time	Minimum Cl ₂ Residual at 1st User (C) ³	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? ³	Peak Hourly ⁴ Demand Flow (Maximum Allowable Equals 3850 GPM)
		[ppm or mg/L]	[minutes]	C X T	[° C]	formula	Yes / No	[GPM]	
1	1000	0.74	140	104	9.9	7.77	25	Yes	871
2	1100	0.74	140	104	10.0	7.70	24	Yes	856
3	1000	0.74	140	104	9.6	7.72	25	Yes	1023
4	1000	0.72	140	101	9.7	7.71	24	Yes	954
5	1000	0.72	140	101	9.7	7.70	24	Yes	806
6	1800	0.73	140	102	9.7	7.64	24	Yes	803
7	1000	0.73	140	102	9.7	7.67	24	Yes	798
8	1000	0.73	140	102	9.6	7.74	25	Yes	785
9	1000	0.74	140	104	9.5	7.75	25	Yes	1449
10	1000	0.73	140	102	9.0	7.78	26	Yes	981
11	1000	0.74	140	104	9.6	7.80	26	Yes	973
12	1000	0.74	140	104	9.5	7.81	26	Yes	834
13	1700	0.74	140	104	9.4	7.84	26	Yes	818
14	1000	0.75	140	105	9.1	7.85	27	Yes	783
15	1000	0.74	140	104	9.1	7.86	27	Yes	805
16	1400	0.74	140	104	9.1	7.86	27	Yes	857
17	1000	0.73	140	102	8.9	7.85	27	Yes	963
18	1000	0.73	140	102	9.1	7.86	27	Yes	972
19	1000	0.71	140	99	9.2	7.87	27	Yes	908
20	1800	0.74	140	104	9.3	7.86	27	Yes	850
21	1900	0.75	140	105	9.5	7.87	26	Yes	819
22	1000	0.74	140	104	9.5	7.89	26	Yes	845
23	1100	0.74	140	104	9.7	7.88	26	Yes	853
24	1000	0.74	140	104	9.4	7.86	26	Yes	944
25	1000	0.75	140	105	9.5	7.83	26	Yes	982
26	1000	0.74	140	104	9.8	7.80	25	Yes	886
27	2000	0.76	140	106	9.7	7.82	26	Yes	815
28	1900	0.75	140	105	9.7	7.81	25	Yes	786
29	1000	0.74	140	104	9.3	7.81	26	Yes	796

³ If Cl₂ at entry point < 0.2 mg/l or CT not met, DWS to be notified by end of next business day. "CUSTOM FORM REV OCTOBER 2017"

⁴ If the Peak Hourly Demand Flow exceeds the Maximum Allowable GPM approved value a new Tracer Study is required to be completed.

NOTES: An OHA / DWS Circuit Rider Program approved Tracer Study was completed August 3, 2017 by HECO Engineering.
A Maximum Allowable Peak Hourly Demand Flow of 3500 GPM x 110% = 3850 GPM was approved as a result of the Tracer Study.