

OHA - DWS

Membrane Filter Monthly Operating Report

County: **LANE**

System Name: **ROW RIVER WTP**

Month/Year: **Mar-2024**

PWS ID#: 41 - **00236**

Minimum test pressure applied || req'd: 27.04 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

LRC = Log Removal Credit

PDR _{Max} [^{psi} / _{min}]	LRC [log removal]	DIT Daily
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	0.20	4.96	Y
2	0.015		0.015	0.17	5.08	Y
3	0.015		0.015	0.18	5.01	Y
4	0.015		0.015	0.17	5.02	Y
5	0.015		0.015	0.14	5.10	Y
6	0.015		0.015	0.16	5.03	Y
7	0.015		0.015	0.15	5.07	Y
8	0.015		0.015	0.17	5.02	Y
9	0.015		0.015	0.18	5.02	Y
10	0.015		0.015	0.18	5.10	Y
11	0.015		0.015	0.19	5.18	Y
12	0.016		0.016	0.18	5.12	Y
13	0.015		0.015	0.19	5.11	Y
14	0.015		0.015	0.18	5.04	Y
15	0.014		0.014	0.18	5.08	Y
16	0.020		0.020	0.16	5.09	Y
17	0.015		0.015	0.17	5.14	Y
18	0.018		0.018	0.13	5.14	Y
19	0.020		0.020	0.14	5.08	Y
20	0.016		0.016	0.16	5.08	Y
21	0.014		0.014	0.17	5.07	Y
22	0.016		0.016	0.18	5.13	Y
23	0.015		0.015	0.18	5.09	Y
24	0.014		0.014	0.18	5.09	Y
25	0.014		0.014	0.18	5.10	Y
26	0.014		0.014	0.17	5.13	Y
27	0.015		0.015	0.16	5.16	Y
28	0.014		0.014	0.19	4.98	Y
29	0.015		0.015	0.18	5.01	Y
30	0.014		0.014	0.18	5.02	Y
31	0.018		0.018	0.18	5.00	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: 4/1/2024
SIGNATURE:	WT CERT #: T-882889
Notes:	PHONE #: 541-942-7094

♣ Used for optimization purposes only.

OHA-DWS

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	0.720	140	100.8	9.2	7.74	25.6	YES	849	
2	0.720	140	100.8	8.8	7.70	25.8	YES	936	
3	0.710	140	99.4	8.7	7.68	25.8	YES	957	
4	0.720	140	100.8	8.5	7.65	25.9	YES	832	
5	0.710	140	99.4	8.5	7.62	25.7	YES	830	
6	0.740	140	103.6	8.2	7.68	26.8	YES	856	
7	0.740	140	103.6	8.3	7.92	29.1	YES	865	
8	0.740	140	103.6	8.3	8.04	30.3	YES	853	
9	0.740	140	103.6	8.5	7.88	28.3	YES	971	
10	0.760	140	106.4	8.6	7.90	28.3	YES	909	
11	0.780	140	109.2	8.7	7.93	28.6	YES	854	
12	0.760	140	106.4	8.7	7.94	28.5	YES	858	
13	0.760	140	106.4	8.7	7.98	29.0	YES	865	
14	0.760	140	106.4	8.7	8.00	29.1	YES	823	
15	0.730	140	102.2	8.9	7.99	28.6	YES	886	
16	0.730	140	102.2	9.0	7.97	28.2	YES	998	
17	0.750	140	105.0	9.3	7.96	27.6	YES	998	
18	0.760	140	106.4	9.5	7.96	27.3	YES	896	
19	0.750	140	105.0	9.7	7.95	26.7	YES	905	
20	0.750	140	105.0	9.8	7.98	26.8	YES	858	
21	0.750	140	105.0	9.9	7.98	26.7	YES	860	
22	0.730	140	102.2	9.9	7.97	26.5	YES	1,304	
23	0.750	140	105.0	9.6	7.93	26.7	YES	942	
24	0.750	140	105.0	9.5	7.95	27.0	YES	994	
25	0.760	140	106.4	9.6	7.96	27.1	YES	915	
26	0.720	140	100.8	9.6	7.95	26.8	YES	843	
27	0.760	140	106.4	9.8	7.94	26.5	YES	897	
28	0.760	140	106.4	9.7	7.91	26.4	YES	857	
29	0.750	140	105.0	9.5	7.93	26.9	YES	894	
30	0.750	140	105.0	9.3	7.94	27.4	YES	964	
31	0.790	140	110.6	9.7	7.93	26.7	YES	956	

* 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

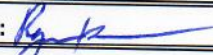
fax: 971-673-0458

OHA - Drinking Water Services - Surface Water Quality Data Form
Slow Sand, Membrane, Diatomaceous Earth Filtration, or Unfiltered Systems

County : **Lane**
 Month/Year : **MAR / 2024**
 WTP - : **WTP - B**

System Name: **Cottage Grove, City of** ID # : **4100236**

Date	12 AM [NTU]	4 AM [NTU]	8 AM [NTU]	NOON [NTU]	4 PM [NTU]	8 PM [NTU]	Highest Reading of the day ¹ [NTU]
1	OFF	OFF	0.015	0.013	0.015	OFF	0.015
2	OFF	OFF	0.013	0.014	0.014	OFF	0.015
3	OFF	OFF	0.014	0.014	0.014	OFF	0.015
4	OFF	OFF	0.014	0.015	0.014	OFF	0.015
5	OFF	OFF	0.013	0.015	0.015	OFF	0.015
6	OFF	OFF	0.013	0.015	0.013	OFF	0.015
7	OFF	OFF	0.013	0.015	0.014	OFF	0.015
8	OFF	OFF	0.014	0.014	0.014	OFF	0.015
9	OFF	OFF	0.013	0.013	0.015	OFF	0.015
10	OFF	OFF	0.014	0.014	0.014	OFF	0.015
11	OFF	OFF	0.014	0.014	0.014	OFF	0.015
12	OFF	OFF	0.014	0.016	0.014	OFF	0.016
13	OFF	OFF	0.014	0.014	0.013	OFF	0.015
14	OFF	OFF	0.013	0.015	0.013	OFF	0.015
15	OFF	OFF	0.014	0.013	0.014	OFF	0.014
16	OFF	OFF	0.013	0.013	0.014	OFF	0.020
17	OFF	OFF	0.013	0.013	0.013	OFF	0.015
18	OFF	OFF	0.018	0.013	0.015	OFF	0.018
19	OFF	OFF	0.011	0.015	0.013	OFF	0.020
20	OFF	OFF	0.015	0.016	0.014	OFF	0.016
21	OFF	OFF	0.014	0.013	0.014	OFF	0.014
22	OFF	OFF	0.014	0.012	0.013	OFF	0.016
23	OFF	OFF	0.015	0.014	0.014	OFF	0.015
24	OFF	OFF	0.013	0.014	0.013	OFF	0.014
25	OFF	OFF	0.014	0.014	0.013	0.013	0.014
26	OFF	OFF	0.014	0.013	0.013	OFF	0.014
27	OFF	OFF	0.014	0.013	0.013	OFF	0.015
28	OFF	OFF	0.013	0.014	0.014	OFF	0.014
29	OFF	OFF	0.013	0.013	0.014	OFF	0.015
30	OFF	OFF	0.013	0.014	0.013	OFF	0.014
31	OFF	OFF	0.018	0.013	0.013	OFF	0.018

Slow Sand / Membrane / DE Filtration / Unfiltered 95% of daily turbidity readings ≤ 1 NTU? ² <input checked="" type="radio"/> Yes / <input type="radio"/> No All daily turbidity readings ≤ 5 NTU? <input checked="" type="radio"/> Yes / <input type="radio"/> No	Monthly Summary (Answer Yes or No)	
	CT's met everyday? (see back) <input checked="" type="radio"/> Yes / <input type="radio"/> No	All Cl2 residual at entry point ≥ 0.2 mg/l? <input checked="" type="radio"/> Yes / <input type="radio"/> No
Notes: 93/93=100%	PRINTED NAME: Ryan Kimball	
	SIGNATURE: 	DATE: Apr. 1, 2024
	PHONE #: (541) 942 - 3349	CERT #: T-882889

¹ Including continuous NTU data, if applicable, for optimization recording purposes. Compliance values in columns 12 AM through 8 PM may not correspond to continuous readings' maximum. ² Filtered systems only.
 PAGE 1 of 2

OHA - Drinking Water Services - Surface Water Quality Data Form

System Name: Cottage Grove, City of				ID #: 4100236	Month/Year: MAR / 2024	WTP - : WTP - B	Disinfection <i>Giardia</i> Log Inactivation: 0.5
-------------------------------------	--	--	--	---------------	------------------------	-----------------	---

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	1200	0.72	140	101	9.2	7.74	26	Yes	849
2	1000	0.72	140	101	8.8	7.70	26	Yes	936
3	1000	0.71	140	99	8.7	7.68	26	Yes	957
4	1800	0.72	140	101	8.5	7.65	26	Yes	832
5	1900	0.71	140	99	8.5	7.62	26	Yes	830
6	1900	0.74	140	104	8.2	7.68	27	Yes	856
7	0900	0.74	140	104	8.3	7.92	29	Yes	865
8	1100	0.74	140	104	8.3	8.04	30	Yes	853
9	0900	0.74	140	104	8.5	7.88	28	Yes	971
10	1000	0.76	140	106	8.6	7.90	28	Yes	909
11	2000	0.78	140	109	8.7	7.93	29	Yes	854
12	1900	0.76	140	106	8.7	7.94	29	Yes	858
13	1900	0.76	140	106	8.7	7.98	29	Yes	865
14	1300	0.76	140	106	8.7	8.00	29	Yes	823
15	1000	0.73	140	102	8.9	7.99	29	Yes	886
16	1000	0.73	140	102	9.0	7.97	28	Yes	998
17	1000	0.75	140	105	9.3	7.96	28	Yes	998
18	1900	0.76	140	106	9.5	7.96	27	Yes	896
19	1900	0.75	140	105	9.7	7.95	27	Yes	905
20	1000	0.75	140	105	9.8	7.98	27	Yes	858
21	1900	0.75	140	105	9.9	7.98	27	Yes	860
22	1100	0.73	140	102	9.9	7.97	26	Yes	1304
23	1000	0.75	140	105	9.6	7.93	27	Yes	942
24	1000	0.75	140	105	9.5	7.95	27	Yes	994
25	0900	0.76	140	106	9.6	7.96	27	Yes	915
26	1000	0.72	140	101	9.6	7.95	27	Yes	843
27	0900	0.76	140	106	9.8	7.94	26	Yes	897
28	1000	0.76	140	106	9.7	7.91	26	Yes	857
29	1300	0.75	140	105	9.5	7.93	27	Yes	894
30	1000	0.75	140	105	9.3	7.94	27	Yes	964
31	0900	0.79	140	111	9.7	7.93	27	Yes	956

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.