

# OHA - DWS

## Membrane Filter Monthly Operating Report

County: **LANE**

System Name: **ROW RIVER WTP**

Month/Year: **Apr-2024**

PWS ID#: 41 - **00236** Minimum test pressure applied || req'd: 27.23 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<sub>Max</sub> [<sup>psi</sup>/<sub>min</sub>]

LRC [log removal]

0.170

4.00

DIT  
Daily

Day	CFE Daily Turbidity [NTU]	Highest CFE* [NTU]	Highest IFE [NTU] (>15 min duration)	Highest PDR of day [ <sup>psi</sup> / <sub>min</sub> ]	Lowest LRV <sub>ambient</sub> of day [log removal]	[Y/N] or "off"
1	0.015		0.015	0.04	5.08	Y
2	0.018		0.018	0.03	5.00	Y
3	0.020		0.020	0.04	5.01	Y
4	0.015		0.015	0.03	5.03	Y
5	0.015		0.015	0.04	4.99	Y
6	0.017		0.017	0.04	5.01	Y
7	0.015		0.015	0.03	5.06	Y
8	0.014		0.014	0.04	5.12	Y
9	0.015		0.015	0.03	5.01	Y
10	0.015		0.015	0.03	5.07	Y
11	0.015		0.015	0.03	5.04	Y
12	0.016		0.016	0.03	4.98	Y
13	0.018		0.018	0.03	5.04	Y
14	0.016		0.016	0.03	5.10	Y
15	0.017		0.017	0.03	5.12	Y
16	0.014		0.014	0.03	5.09	Y
17	0.015		0.015	0.03	5.13	Y
18	0.014		0.014	0.04	5.01	Y
19	0.014		0.014	0.03	5.06	Y
20	0.015		0.015	0.03	5.10	Y
21	0.014		0.014	0.03	5.10	Y
22	0.014		0.014	0.04	5.11	Y
23	0.014		0.014	0.03	5.15	Y
24	0.014		0.014	0.03	5.03	Y
25	0.015		0.015	0.03	5.15	Y
26	0.014		0.014	0.04	5.03	Y
27	0.014		0.014	0.03	5.06	Y
28	0.014		0.014	0.03	5.06	Y
29	0.014		0.014	0.03	5.08	Y
30	0.014		0.014	0.03	5.05	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 <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: **Ryan Kimball**

SIGNATURE: 

Notes:

DATE: **5/1/2024**

WT CERT #: **T-882889**

PHONE #: **541-942-7094**

♣ 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 <sub>2</sub> Residual at 1 <sup>st</sup> 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	0.790	140	110.6	9.8	7.94	26.5	YES	959	
2	0.750	140	105.0	10.2	7.93	25.6	YES	896	
3	0.750	140	105.0	10.5	7.94	25.2	YES	847	
4	0.750	140	105.0	10.4	7.94	25.5	YES	877	
5	0.750	140	105.0	10.2	7.92	25.5	YES	852	
6	0.740	140	103.6	10.2	7.91	25.5	YES	933	
7	0.750	140	105.0	10.1	7.90	25.5	YES	974	
8	0.720	140	100.8	10.3	7.82	24.5	YES	877	
9	0.740	140	103.6	10.6	7.84	24.2	YES	860	
10	0.740	140	103.6	10.6	7.84	24.2	YES	860	
11	0.740	140	103.6	10.9	7.88	24.1	YES	969	
12	0.740	140	103.6	11.1	7.87	23.7	YES	878	
13	0.730	140	102.2	11.2	7.87	23.5	YES	896	
14	0.730	140	102.2	11.2	7.84	23.3	YES	907	
15	0.730	140	102.2	11.0	7.80	23.2	YES	823	
16	0.720	140	100.8	11.0	7.79	23.1	YES	879	
17	0.710	140	99.4	10.9	7.82	23.5	YES	858	
18	0.730	140	102.2	11.0	7.81	23.3	YES	879	
19	0.730	140	102.2	11.3	7.72	22.1	YES	994	
20	0.730	140	102.2	11.6	7.78	22.1	YES	1,045	
21	0.730	140	102.2	11.3	7.89	23.5	YES	993	
22	0.770	140	107.8	11.7	7.88	22.9	YES	946	
23	0.740	140	103.6	12.0	7.87	22.2	YES	1,152	
24	0.750	140	105.0	12.5	7.85	21.4	YES	1,031	
25	0.750	140	105.0	12.5	7.85	21.4	YES	1,031	
26	0.730	140	102.2	12.5	7.80	21.1	YES	860	
27	0.730	140	102.2	12.2	7.85	21.8	YES	1,011	
28	0.730	140	102.2	11.6	7.91	23.1	YES	979	
29	0.740	140	103.6	11.7	7.91	23.0	YES	825	
30	0.740	140	103.6	11.6	7.95	23.6	YES	811	
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 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