

OHA - DWS

Membrane Filter Monthly Operating Report

County: **LANE**

System Name: **ROW RIVER WTP**

Month/Year: **Jun-2024**

PWS ID#: 41 - **00236**

Minimum test pressure applied || req'd: 27.64 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} [$\frac{psi}{min}$] **0.170**
 LRC = Log Removal Credit **4.00**

Day	CFE Daily Turbidity [NTU]	Highest CFE* [NTU]	Highest IFE [NTU] (>15 min duration)	Highest PDR of day [$\frac{psi}{min}$]	Lowest LRV _{ambient} of day [log removal]	DIT Daily
						[Y/N] or "off"
1	0.018		0.018	0.03	5.11	Y
2	0.017		0.017	0.03	5.16	Y
3	0.015		0.015	0.03	5.09	Y
4	0.015		0.015	0.03	5.04	Y
5	0.016		0.016	0.03	5.09	Y
6	0.015		0.015	0.04	5.08	Y
7	0.015		0.015	0.03	5.10	Y
8	0.015		0.015	0.03	5.08	Y
9	0.015		0.015	0.03	5.09	Y
10	0.015		0.015	0.03	5.07	Y
11	0.015		0.015	0.03	5.06	Y
12	0.016		0.016	0.03	5.05	Y
13	0.016		0.016	0.03	5.03	Y
14	0.016		0.016	0.03	5.07	Y
15	0.017		0.017	0.03	5.08	Y
16	0.018		0.018	0.03	5.09	Y
17	0.015		0.015	0.03	5.09	Y
18	0.015		0.015	0.02	5.21	Y
19	0.016		0.016	0.03	5.05	Y
20	0.015		0.015	0.03	5.07	Y
21	0.017		0.017	0.03	5.04	Y
22	0.015		0.015	0.03	5.06	Y
23	0.016		0.016	0.03	5.06	Y
24	0.016		0.016	0.03	5.09	Y
25	0.015		0.015	0.03	5.05	Y
26	0.016		0.016	0.03	5.08	Y
27	0.016		0.016	0.03	5.05	Y
28	0.016		0.016	0.03	5.04	Y
29	0.017		0.017	0.03	5.02	Y
30	0.017		0.017	0.03	5.03	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:** 7/3/2024
SIGNATURE:  **WT CERT #:** T-882889
Notes: Corrected Min. Test Pressure from 27.0 to 27.64 **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 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	0.770	140	107.8	13.5	8.12	22.2	YES	1,282	
2	0.770	140	107.8	13.5	8.12	22.2	YES	1,297	
3	0.720	140	100.8	13.3	8.18	22.9	YES	1,301	
4	0.720	140	100.8	13.2	8.20	23.2	YES	1,317	
5	0.710	140	99.4	13.3	8.24	23.3	YES	1,571	
6	0.720	140	100.8	13.8	8.25	22.6	YES	1,617	
7	0.770	140	107.8	14.2	8.14	21.3	YES	1,836	
8	0.770	140	107.8	14.6	8.18	21.1	YES	1,544	
9	0.760	140	106.4	14.7	8.20	21.1	YES	1,685	
10	0.770	140	107.8	14.8	8.20	21.0	YES	2,045	
11	0.750	140	105.0	14.9	8.11	20.1	YES	1,850	
12	0.750	140	105.0	14.8	8.15	20.6	YES	1,937	
13	0.760	140	106.4	14.6	8.15	20.9	YES	1,807	
14	0.750	140	105.0	14.4	8.16	21.1	YES	2,041	
15	0.770	140	107.8	14.1	8.16	21.6	YES	1,506	
16	0.800	140	112.0	13.8	8.14	21.9	YES	1,628	
17	0.780	140	109.2	13.5	8.15	22.4	YES	1,783	
18	0.830	140	116.2	13.2	8.15	23.0	YES	1,755	
19	0.830	140	116.2	13.6	8.13	22.3	YES	2,060	
20	0.830	140	116.2	14.2	8.13	21.4	YES	1,815	
21	0.810	140	113.4	14.7	8.09	20.4	YES	2,432	
22	0.790	140	110.6	15.0	8.09	19.9	YES	2,106	
23	0.770	140	107.8	15.2	8.07	19.5	YES	1,838	
24	0.770	140	107.8	14.7	8.10	20.3	YES	2,268	
25	0.770	140	107.8	14.9	8.10	20.1	YES	2,152	
26	0.750	140	105.0	14.9	8.00	19.3	YES	2,197	
27	0.740	140	103.6	14.6	8.05	20.1	YES	1,907	
28	0.760	140	106.4	14.5	8.05	20.3	YES	2,269	
29	0.740	140	103.6	14.9	8.14	20.4	YES	2,115	
30	0.740	140	103.6	15.0	8.32	21.5	YES	2,236	
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