

# OHA - DWS

## Membrane Filter Monthly Operating Report

County: LANE

System Name: ROW RIVER WTP

Month/Year: Jul-2024

PWS ID#: 41 - 00236

Minimum test pressure applied || req'd: 27.59 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	0.017		0.017	0.03	5.05	Y
2	0.017		0.017	0.03	4.99	Y
3	0.017		0.017	0.04	4.99	Y
4	0.018		0.018	0.04	4.97	Y
5	0.017		0.017	0.03	5.01	Y
6	0.018		0.018	0.03	5.00	Y
7	0.018		0.018	0.03	5.05	Y
8	0.017		0.017	0.04	5.01	Y
9	0.018		0.018	0.03	4.98	Y
10	0.017		0.017	0.03	4.95	Y
11	0.019		0.019	0.03	4.97	Y
12	0.018		0.018	0.04	4.94	Y
13	0.018		0.018	0.04	4.97	Y
14	0.016		0.016	0.03	4.95	Y
15	0.016		0.016	0.04	4.92	Y
16	0.016		0.016	0.04	4.97	Y
17	0.015		0.015	0.04	4.91	Y
18	0.015		0.015	0.04	4.90	Y
19	0.016		0.016	0.04	4.98	Y
20	0.017		0.017	0.04	5.06	Y
21	0.019		0.019	0.03	5.15	Y
22	0.020		0.020	0.03	5.10	Y
23	0.016		0.016	0.03	5.13	Y
24	0.016		0.016	0.04	5.10	Y
25	0.016		0.016	0.03	5.07	Y
26	0.016		0.016	0.04	5.04	Y
27	0.015		0.015	0.04	5.07	Y
28	0.017		0.017	0.04	5.04	Y
29	0.017		0.017	0.03	5.07	Y
30	0.019		0.019	0.03	5.04	Y
31	0.017		0.017	0.04	5.04	Y

**Compliance summary (operator to complete any blank fields)**

95% of daily turbidity readings ≤ 1 NTU? [Y/N] <b>Yes</b>	All turbidity readings ≤ 5 NTU? [Y/N] <b>Yes</b>	All IFE turbidity readings ≤ 0.15 NTU? [Y/N] <b>Yes</b>	Performance std met? [Y/N] (PDR ≤ PDR <sub>Max</sub> , LRV ≥ LRC) <b>Yes</b>	DIT Daily? <b>Yes</b>
CT's met daily? (p. 2) <b>Yes</b>	All Cl <sub>2</sub> residual at EP ≥ 0.2 mg/L? <b>Yes</b>	PDR ≤ PDR <sub>Max</sub> ? <b>Yes</b>	LRV <sub>ambient</sub> ≥ LRC? <b>Yes</b>	

PRINTED NAME: <b>Ryan Kimball</b>	DATE: <b>8/1/2024</b>
SIGNATURE: 	WT CERT #: <b>T-882889</b>
Notes:	PHONE #: <b>541-942-7094</b>

\* Used for optimization purposes only.



**Disinfection Monthly Operating Report**

System Name: **ROW RIVER WTP**

PWS ID#: 41 - **00236**

Plant ID : WTP - **B**

<b>0.5</b>	↳ Log Inactivation Required via Disinfection
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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	0.710	140	99.4	15.1	8.16	20.1	YES	2,424	
2	0.690	140	96.6	15.6	8.12	19.1	YES	2,547	
3	0.690	140	96.6	15.7	8.11	18.9	YES	2,489	
4	0.680	140	95.2	16.0	8.08	18.3	YES	2,385	
5	0.690	140	96.6	16.5	8.10	17.9	YES	2,616	
6	0.690	140	96.6	17.0	8.10	17.3	YES	2,697	
7	0.720	140	100.8	17.2	8.10	17.1	YES	2,956	
8	0.720	140	100.8	17.6	8.11	16.7	YES	3,074	
9	0.740	140	103.6	17.8	8.11	16.6	YES	2,924	
10	0.750	140	105.0	17.8	8.15	16.8	YES	3,082	
11	0.760	140	106.4	17.8	8.18	17.1	YES	2,790	
12	0.740	140	103.6	17.6	8.16	17.0	YES	3,003	
13	0.740	140	103.6	17.6	8.11	16.8	YES	2,539	
14	0.730	140	102.2	17.7	8.00	16.0	YES	2,746	
15	0.690	140	96.6	17.6	7.91	15.5	YES	2,894	
16	0.770	140	107.8	17.3	7.90	15.9	YES	2,959	
17	0.740	140	103.6	17.1	7.92	16.2	YES	2,380	
18	0.730	140	102.2	17.2	7.93	16.2	YES	2,614	
19	0.680	140	95.2	17.5	7.94	15.8	YES	2,727	
20	0.720	140	100.8	17.6	7.95	15.7	YES	2,603	
21	0.720	140	100.8	17.7	7.96	15.8	YES	2,720	
22	0.740	140	103.6	17.2	7.99	16.4	YES	2,768	
23	0.760	140	106.4	17.0	7.99	16.8	YES	2,740	
24	0.740	140	103.6	17.1	7.98	16.5	YES	2,796	
25	0.740	140	103.6	17.3	8.04	16.7	YES	2,783	
26	0.750	140	105.0	17.1	8.08	17.2	YES	2,752	
27	0.750	140	105.0	16.9	8.11	17.6	YES	2,422	
28	0.730	140	102.2	16.9	8.14	17.8	YES	2,690	
29	0.730	140	102.2	16.7	8.15	18.1	YES	2,729	
30	0.750	140	105.0	16.6	8.15	18.2	YES	2,501	
31	0.720	140	100.8	17.0	8.13	17.6	YES	2,534	

\* 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