

# OHA - DWS

## Membrane Filter Monthly Operating Report

County: **LANE**

System Name: **ROW RIVER WTP**



Month/Year: **Aug-2024**

PWS ID#: 41 - **00236**

Minimum test pressure applied || req'd: 27.40 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

Day	CFE Daily Turbidity [NTU]	Highest CFE* [NTU]	Highest IFE [NTU] (>15 min duration)	PDR <sub>Max</sub> [ <sup>psi</sup> / <sub>min</sub> ]	LRC [log removal]	DIT Daily
				0.170	4.00	
1	0.016		0.016	0.03	5.03	Y
2	0.019		0.019	0.03	5.06	Y
3	0.016		0.016	0.03	5.07	Y
4	0.016		0.016	0.03	5.08	Y
5	0.018		0.018	0.04	5.01	Y
6	0.019		0.019	0.03	5.14	Y
7	0.016		0.016	0.04	5.04	Y
8	0.018		0.018	0.04	5.11	Y
9	0.020		0.020	0.04	5.06	Y
10	0.018		0.018	0.03	5.07	Y
11	0.020		0.020	0.03	5.06	Y
12	0.016		0.016	0.04	5.04	Y
13	0.016		0.016	0.04	5.11	Y
14	0.018		0.018	0.04	5.04	Y
15	0.016		0.016	0.03	5.03	Y
16	0.015		0.015	0.03	5.09	Y
17	0.017		0.017	0.03	5.04	Y
18	0.017		0.017	0.04	4.97	Y
19	0.018		0.018	0.04	5.03	Y
20	0.015		0.015	0.03	5.07	Y
21	0.016		0.016	0.04	5.04	Y
22	0.018		0.018	0.03	5.05	Y
23	0.016		0.016	0.04	5.03	Y
24	0.014		0.014	0.04	5.01	Y
25	0.017		0.017	0.04	5.08	Y
26	0.015		0.015	0.04	4.99	Y
27	0.014		0.014	0.04	5.03	Y
28	0.017		0.017	0.04	5.00	Y
29	0.015		0.015	0.04	4.93	Y
30	0.014		0.014	0.04	4.96	Y
31	0.015		0.015	0.03	5.11	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: 9/4/2024

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	0.730	140	102.2	17.7	8.08	16.5	YES	2,577	
2	0.740	140	103.6	17.6	8.12	16.8	YES	2,694	
3	0.740	140	103.6	17.6	8.16	17.1	YES	2,369	
4	0.750	140	105.0	17.3	8.18	17.6	YES	2,488	
5	0.710	140	99.4	17.4	8.21	17.6	YES	2,726	
6	0.710	140	99.4	17.2	8.23	18.0	YES	2,615	
7	0.710	140	99.4	16.9	8.22	18.3	YES	2,502	
8	0.710	140	99.4	17.2	8.13	17.3	YES	2,494	
9	0.700	140	98.0	17.2	8.11	17.1	YES	2,653	
10	0.710	140	99.4	17.3	8.11	17.0	YES	2,377	
11	0.680	140	95.2	17.4	8.05	16.6	YES	2,423	
12	0.680	140	95.2	17.2	8.04	16.7	YES	2,634	
13	0.690	140	96.6	16.6	8.04	17.4	YES	2,445	
14	0.730	140	102.2	16.6	8.08	17.7	YES	2,532	
15	0.730	140	102.2	16.8	8.07	17.4	YES	2,187	
16	0.730	140	102.2	17.0	8.03	17.0	YES	2,286	
17	0.720	140	100.8	16.7	7.98	17.0	YES	1,901	
18	0.720	140	100.8	16.3	7.99	17.4	YES	1,924	
19	0.700	140	98.0	16.8	8.00	16.9	YES	2,272	
20	0.710	140	99.4	16.7	8.00	17.0	YES	2,220	
21	0.720	140	100.8	16.7	8.00	17.1	YES	2,138	
22	0.720	140	100.8	16.5	7.95	16.9	YES	2,035	
23	0.720	140	100.8	16.0	7.94	17.5	YES	1,811	
24	0.720	140	100.8	15.6	7.90	17.6	YES	1,691	
25	0.750	140	105.0	15.5	7.88	17.7	YES	1,631	
26	0.740	140	103.6	16.1	7.85	16.8	YES	2,092	
27	0.750	140	105.0	16.6	7.80	16.0	YES	2,076	
28	0.750	140	105.0	16.1	7.81	16.6	YES	2,064	
29	0.760	140	106.4	16.0	7.94	17.6	YES	1,987	
30	0.760	140	106.4	16.7	7.81	16.0	YES	2,190	
31	0.760	140	106.4	17.0	7.76	15.4	YES	1,901	

\* 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