

OHA - DWS

Membrane Filter Monthly Operating Report

County: LANE

System Name: ROW RIVER WTP

Month/Year: Oct-2024

PWS ID#: 41 - 00236

Minimum test pressure applied || req'd: 27.53 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]

0.170


4.00

DIT
Daily

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	0.014		0.014	0.04	5.05	Y
2	0.014		0.014	0.04	5.00	Y
3	0.015		0.015	0.04	4.99	Y
4	0.015		0.015	0.04	5.08	Y
5	0.014		0.014	0.04	5.07	Y
6	0.014		0.014	0.04	4.97	Y
7	0.014		0.014	0.04	4.98	Y
8	0.014		0.014	0.04	4.96	Y
9	0.014		0.014	0.04	4.98	Y
10	0.015		0.015	0.04	5.10	Y
11	0.015		0.015	0.04	5.10	Y
12	0.016		0.016	0.04	5.04	Y
13	0.014		0.014	0.04	5.06	Y
14	0.013		0.013	0.04	5.04	Y
15	0.013		0.013	0.04	4.94	Y
16	0.014		0.014	0.04	5.08	Y
17	0.014		0.014	0.04	5.01	Y
18	0.014		0.014	0.04	4.99	Y
19	0.014		0.014	0.04	5.09	Y
20	0.014		0.014	0.04	5.06	Y
21	0.014		0.014	0.04	5.06	Y
22	0.015		0.015	0.04	4.98	Y
23	0.014		0.014	0.04	5.03	Y
24	0.013		0.013	0.04	5.00	Y
25	0.014		0.014	0.05	5.03	Y
26	0.017		0.017	0.04	5.04	Y
27	0.014		0.014	0.03	5.06	Y
28	0.013		0.013	0.03	5.06	Y
29	0.014		0.014	0.04	5.00	Y
30	0.014		0.014	0.04	5.01	Y
31	0.014		0.014	0.04	5.07	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: 11/5/2024
 SIGNATURE:  WT CERT #: T-882889
 Notes: 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	0.680	140	95.2	18.3	8.17	16.3	YES	1,440	
2	0.660	140	92.4	18.6	8.20	16.1	YES	1,446	
3	0.710	140	99.4	18.2	8.18	16.5	YES	1,323	
4	0.690	140	96.6	18.2	8.17	16.4	YES	1,389	
5	0.690	140	96.6	17.7	8.14	16.8	YES	1,127	
6	0.720	140	100.8	17.9	8.08	16.2	YES	1,177	
7	0.680	140	95.2	18.0	8.07	16.0	YES	1,392	
8	0.700	140	98.0	18.2	8.01	15.5	YES	1,211	
9	0.670	140	93.8	18.4	7.83	14.2	YES	1,274	
10	0.680	140	95.2	17.9	7.67	13.9	YES	1,152	
11	0.730	140	102.2	17.8	7.78	14.6	YES	1,196	
12	0.760	140	106.4	17.1	7.94	16.3	YES	1,068	
13	0.770	140	107.8	17.9	7.94	15.5	YES	1,090	
14	0.770	140	107.8	18.0	7.98	15.6	YES	1,150	
15	0.760	140	106.4	18.1	8.02	15.7	YES	1,130	
16	0.770	140	107.8	17.9	8.03	16.1	YES	1,030	
17	0.750	140	105.0	17.5	8.06	16.6	YES	1,360	
18	0.790	140	110.6	17.1	8.10	17.4	YES	1,134	
19	0.720	140	100.8	17.1	8.16	17.7	YES	1,000	
20	0.670	140	93.8	17.2	8.08	16.9	YES	1,075	
21	0.690	140	96.6	17.1	8.08	17.1	YES	1,024	
22	0.680	140	95.2	16.8	8.07	17.3	YES	1,009	
23	0.720	140	100.8	16.5	8.06	17.7	YES	958	
24	0.700	140	98.0	16.0	8.08	18.4	YES	1,100	
25	0.690	140	96.6	15.6	8.09	18.9	YES	936	
26	0.700	140	98.0	16.0	8.29	19.9	YES	1,004	
27	0.730	140	102.2	15.8	8.04	18.5	YES	1,021	
28	0.750	140	105.0	15.6	8.05	18.8	YES	925	
29	0.750	140	105.0	15.4	8.06	19.1	YES	872	
30	0.740	140	103.6	15.1	8.04	19.3	YES	829	
31	0.710	140	99.4	14.9	7.99	19.1	YES	795	

* 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