

OHA - DWS

Membrane Filter Monthly Operating Report

 County: LANE

 System Name: ROW RIVER WTP

 Month/Year: Dec-2024

 PWS ID#: 41 - 00236

 Minimum test pressure applied || req'd: 27.460_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 _{Max} [^{psi} / _{min}]	LRC [log removal]	DIT Daily
				0.170	4.00	
				Highest PDR of day [^{psi} / _{min}]	Lowest LRV _{ambient} of day [log removal]	[Y/N] or "off"
1	0.015		0.015	0.03	5.03	Y
2	0.014		0.014	0.04	5.01	Y
3	0.015		0.015	0.04	5.06	Y
4	0.015		0.015	0.04	5.04	Y
5	0.014		0.014	0.04	5.04	Y
6	0.013		0.013	0.04	5.04	Y
7	0.014		0.014	0.04	5.06	Y
8	0.014		0.014	0.04	5.09	Y
9	0.015		0.015	0.03	5.15	Y
10	0.013		0.013	0.04	5.13	Y
11	0.013		0.013	0.04	5.10	Y
12	0.014		0.014	0.03	5.12	Y
13	0.014		0.014	0.03	4.74	Y
14	0.016		0.016	0.03	5.11	Y
15	0.013		0.013	0.03	5.09	Y
16	0.013		0.013	0.03	5.24	Y
17	0.014		0.014	0.03	5.25	Y
18	0.013		0.013	0.03	5.20	Y
19	0.015		0.015	0.03	5.11	Y
20	0.014		0.014	0.03	5.09	Y
21	0.018		0.018	0.03	5.07	Y
22	0.016		0.016	0.03	5.15	Y
23	0.015		0.015	0.03	4.95	Y
24	0.014		0.014	0.03	5.15	Y
25	0.013		0.013	0.04	5.00	Y
26	0.015		0.015	0.03	5.03	Y
27	0.013		0.013	0.04	4.97	Y
28	0.016		0.016	0.04	5.02	Y
29	0.013		0.013	0.05	4.87	Y
30	0.013		0.013	0.05	4.88	Y
31	0.013		0.013	0.04	5.05	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: 1/6/2025
SIGNATURE: 	WT CERT #: T-882889
Notes:	PHONE #: 541-942-78094

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	8.3	7.93	29.3	YES	986	
2	0.760	140	106.4	7.8	7.92	30.1	YES	1,000	
3	0.760	140	106.4	7.5	7.93	30.9	YES	936	
4	0.770	140	107.8	7.2	7.93	31.4	YES	892	
5	0.770	140	107.8	7.1	7.93	31.8	YES	891	
6	0.780	140	109.2	7.0	7.95	32.2	YES	921	
7	0.770	140	107.8	7.1	7.97	32.2	YES	980	
8	0.730	140	102.2	7.1	8.00	32.5	YES	966	
9	0.730	140	102.2	7.1	8.03	32.8	YES	877	
10	0.740	140	103.6	7.0	8.09	33.7	YES	855	
11	0.760	140	106.4	6.9	8.12	34.5	YES	817	
12	0.760	140	106.4	6.9	8.12	34.4	YES	855	
13	0.770	140	107.8	7.0	8.13	34.3	YES	1,065	
14	0.780	140	109.2	7.0	8.13	34.5	YES	914	
15	0.820	140	114.8	7.1	8.14	34.5	YES	956	
16	0.830	140	116.2	7.5	8.13	33.5	YES	852	
17	0.770	140	107.8	7.7	8.11	32.5	YES	818	
18	0.730	140	102.2	8.2	8.08	31.0	YES	825	
19	0.730	140	102.2	8.4	8.06	30.2	YES	865	
20	0.750	140	105.0	8.7	8.07	29.9	YES	867	
21	0.810	140	113.4	8.8	7.99	29.0	YES	959	
22	0.770	140	107.8	8.9	8.01	28.9	YES	961	
23	0.750	140	105.0	9.0	7.98	28.3	YES	976	
24	0.760	140	106.4	9.2	7.94	27.7	YES	939	
25	0.780	140	109.2	9.2	7.91	27.5	YES	907	
26	0.780	140	109.2	9.1	7.92	27.7	YES	934	
27	0.790	140	110.6	9.4	7.90	26.9	YES	1,039	
28	0.770	140	107.8	9.5	7.90	26.7	YES	957	
29	0.810	140	113.4	9.7	7.89	26.4	YES	935	
30	0.820	140	114.8	9.7	7.83	25.8	YES	859	
31	0.860	140	120.4	9.5	7.81	26.1	YES	887	

* 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