

OHA - DWS

Membrane Filter Monthly Operating Report

System Name: **ROW RIVER WTP**

County: **LANE**

Month/Year: **Jan-2025**

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

Day	CFE Daily Turbidity [NTU]	Highest CFE* [NTU]	Highest IFE [NTU] (>15 min duration)	PDR _{Max} [psi/min]	LRC [log removal]	DIT Daily [Y/N] or "off"
				0.170	4.00	
1	0.013		0.013	0.04	5.00	Y
2	0.013		0.013	0.03	5.11	Y
3	0.014		0.014	0.04	4.99	Y
4	0.013		0.013	0.04	5.04	Y
5	0.014		0.014	0.03	5.02	Y
6	0.013		0.013	0.03	5.05	Y
7	0.013		0.013	0.03	5.05	Y
8	0.014		0.014	0.03	5.09	Y
9	0.013		0.013	0.03	5.08	Y
10	0.013		0.013	0.03	5.12	Y
11	0.012		0.012	0.03	5.08	Y
12	0.013		0.013	0.03	5.10	Y
13	0.014		0.014	0.03	5.12	Y
14	0.015		0.015	0.03	5.14	Y
15	0.013		0.013	0.03	5.08	Y
16	0.012		0.012	0.03	5.11	Y
17	0.012		0.012	0.03	5.07	Y
18	0.012		0.012	0.03	5.05	Y
19	0.012		0.012	0.03	5.04	Y
20	0.012		0.012	0.03	5.02	Y
21	0.012		0.012	0.04	5.04	Y
22	0.012		0.012	0.04	5.04	Y
23	0.014		0.014	0.04	5.10	Y
24	0.014		0.014	0.04	5.04	Y
25	0.014		0.014	0.04	5.09	Y
26	0.012		0.012	0.05	5.03	Y
27	0.015		0.015	0.05	5.02	Y
28	0.015		0.015	0.05	5.02	Y
29	0.015		0.015	0.05	5.02	Y
30	0.013		0.013	0.04	5.03	Y
31	0.013		0.013	0.04	5.06	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**

SIGNATURE: 

Notes:

DATE: **2/3/2025**

WT CERT #: **t-882889**

PHONE #: **541-942-7094**

Disinfection Monthly Operating ReportSystem Name: **ROW RIVER WTP**PWS ID#: 41 - **00236****0.5**Log
Inactivation
Required via
DisinfectionPlant ID : WTP - **B**

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	0.820	140	114.8	9.5	7.86	26.5	YES	936	
2	0.780	140	109.2	9.6	7.88	26.3	YES	807	
3	0.760	140	106.4	9.6	7.90	26.4	YES	921	
4	0.740	140	103.6	9.6	7.91	26.6	YES	977	
5	0.710	140	99.4	9.7	7.94	26.5	YES	928	
6	0.760	140	106.4	9.8	7.94	26.6	YES	945	
7	0.760	140	106.4	9.7	7.93	26.6	YES	825	
8	0.760	140	106.4	9.6	7.95	26.9	YES	886	
9	0.780	140	109.2	9.5	7.94	27.1	YES	850	
10	0.780	140	109.2	9.4	7.92	27.1	YES	1,014	
11	0.770	140	107.8	9.3	7.86	26.8	YES	947	
12	0.780	140	109.2	9.2	7.95	27.8	YES	936	
13	0.780	140	109.2	9.0	7.99	28.5	YES	933	
14	0.770	140	107.8	8.8	8.01	29.0	YES	921	
15	0.790	140	110.6	8.6	8.01	29.5	YES	884	
16	0.780	140	109.2	8.5	8.01	29.8	YES	983	
17	0.780	140	109.2	8.2	8.00	30.2	YES	950	
18	0.780	140	109.2	8.0	8.02	30.8	YES	1,008	
19	0.790	140	110.6	7.8	8.02	31.3	YES	1,044	
20	0.770	140	107.8	7.6	8.01	31.5	YES	1,032	
21	0.810	140	113.4	7.4	7.98	31.9	YES	893	
22	0.780	140	109.2	6.8	7.96	32.7	YES	922	
23	0.740	140	103.6	6.5	7.96	33.2	YES	904	
24	0.790	140	110.6	6.3	7.94	33.8	YES	1,082	
25	0.790	140	110.6	5.9	7.96	35.0	YES	1,013	
26	0.800	140	112.0	5.6	7.96	35.7	YES	1,193	
27	0.810	140	113.4	5.4	7.78	34.0	YES	945	
28	0.800	140	112.0	5.2	7.75	34.1	YES	906	
29	0.800	140	112.0	5.0	7.82	35.4	YES	940	
30	0.790	140	110.6	4.9	7.89	36.5	YES	913	
31	0.810	140	113.4	4.9	7.87	36.2	YES	935	

* 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