OHA - DWS

Membrane Filter Monthly Operating Report

System Name: **ROW RIVER WTP** County: **LANE**

PWS ID#: 41 - **00236** Month/Year: **Feb-2025**

Plant ID: WTP - **B** *(e.g., "A")*

Minimum test pressure **applied || req'd**: 27.190 psi || 27.0 ps

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]	DIT Daily
0.170	4.00	

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	5.07	Y
2	0.012		0.012	0.04	5.07	Y
3	0.015		0.015	0.04	5.06	Y
4	0.013		0.013	0.04	5.06	Y
5	0.012		0.012	0.04	5.14	Y
6	0.012		0.012	0.04	5.05	Y
7	0.013		0.013	0.04	5.01	Y
8	0.014		0.014	0.04	5.06	Y
9	0.013		0.013	0.04	5.05	Y
10	0.012		0.012	0.04	5.03	Y
11	0.014		0.014	0.04	5.02	Y
12	0.013		0.013	0.05	4.95	Y
13	0.013		0.013	0.05	4.99	Y
14	0.015		0.015	0.05	4.98	Y
15	0.013		0.013	0.03	5.04	Y
16	0.014		0.014	0.03	5.08	Y
17	0.015		0.015	0.03	5.04	Y
18	0.014		0.014	0.04	4.98	Y
19	0.013		0.013	0.03	5.03	Y
20	0.014		0.014	0.03	5.11	Y
21	0.015		0.015	0.03	5.05	Y
22	0.013		0.013	0.03	5.07	Y
23	0.016		0.016	0.03	5.14	Y
24	0.013		0.013	0.04	4.92	Y
25	0.014		0.014	0.04	4.98	Y
26	0.013		0.013	0.03	5.04	Y
27	0.014		0.014	0.04	5.00	Y
28	0.015		0.015	0.03	5.15	Y
29						Y
30						Y
31						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:** 3/3/2025

SIGNATURE: **WT CERT #:** **T-882889**

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

♣ *Used for optimization purposes only.*

OHA-DWS

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 1st 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	0.790	140	110.6	5.2	7.97	36.8	YES	996	
2	0.770	140	107.8	5.6	7.99	36.0	YES	992	
3	0.770	140	107.8	5.5	8.04	36.8	YES	1,033	
4	0.830	140	116.2	5.8	8.06	36.8	YES	960	
5	0.820	140	114.8	5.8	8.08	36.9	YES	870	
6	0.810	140	113.4	6.2	8.09	35.9	YES	897	
7	0.800	140	112.0	6.3	8.11	36.0	YES	957	
8	0.800	140	112.0	6.2	8.11	36.1	YES	988	
9	0.800	140	112.0	5.9	8.11	36.9	YES	1,011	
10	0.780	140	109.2	6.4	7.96	33.7	YES	1,000	
11	0.780	140	109.2	6.2	7.98	34.4	YES	947	
12	0.780	140	109.2	6.2	7.98	34.4	YES	947	
13	0.780	140	109.2	6.0	7.99	35.1	YES	1,070	
14	0.740	140	103.6	6.0	7.89	33.6	YES	1,061	
15	0.780	140	109.2	6.2	7.95	34.1	YES	1,077	
16	0.790	140	110.6	6.6	7.93	32.9	YES	1,054	
17	0.790	140	110.6	7.0	7.89	31.5	YES	1,000	
18	0.780	140	109.2	7.4	7.86	30.4	YES	960	
19	0.760	140	106.4	7.8	7.81	28.9	YES	903	
20	0.770	140	107.8	8.0	7.79	28.3	YES	882	
21	0.770	140	107.8	8.2	7.81	28.3	YES	937	
22	0.760	140	106.4	8.4	7.85	28.2	YES	943	
23	0.760	140	106.4	8.4	8.05	30.3	YES	943	
24	0.740	140	103.6	8.9	7.82	26.9	YES	852	
25	0.720	140	100.8	9.0	7.77	26.1	YES	814	
26	0.730	140	102.2	9.2	7.75	25.7	YES	817	
27	0.760	140	106.4	9.3	7.79	25.9	YES	825	
28	0.700	140	98.0	9.6	7.87	26.0	YES	878	
29		140							
30		140							
31		140							

♦ 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

Revised 7/31/2023