

# OHA - DWS

## Membrane Filter Monthly Operating Report

System Name: **ROW RIVER WTP**

County: **LANE**

PWS ID#: 41 - **00236**

Month/Year: **Mar-2025**

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

Minimum test pressure applied || req'd: 27.020 psi || 27.0 psi

DIT = Direct Integrity Test on filter(s) [Yes, No, or "off" if all filters are offline] ⇔

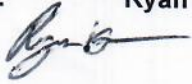
PDR = Pressure Decay Rate

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> /min]	LRC [log removal]	DIT Daily
				0.170	4.00	
				Highest PDR of day [ <sup>psi</sup> /min]	Lowest LRV <sub>ambient</sub> of day [log removal]	[Y/N] or "off"
1	0.018		0.018	0.03	5.10	Y
2	0.012		0.012	0.03	5.40	Y
3	0.012		0.012	0.03	5.34	Y
4	0.015		0.015	0.03	5.36	Y
5	0.017		0.017	0.03	5.31	Y
6	0.015		0.015	0.03	5.03	Y
7	0.014		0.014	0.03	5.19	Y
8	0.016		0.016	0.03	5.09	Y
9	0.013		0.013	0.03	5.11	Y
10	0.016		0.016	0.02	5.14	Y
11	0.017		0.017	0.03	5.09	Y
12	0.014		0.014	0.03	5.11	Y
13	0.015		0.015	0.03	5.04	Y
14	0.015		0.015	0.03	5.00	Y
15	0.014		0.014	0.03	5.09	Y
16	0.015		0.015	0.04	4.99	Y
17	0.018		0.018	0.05	4.08	Y
18	0.015		0.015	0.05	4.90	Y
19	0.018		0.018	0.04	4.98	Y
20	0.015		0.015	0.04	5.00	Y
21	0.016		0.016	0.04	5.10	Y
22	0.015		0.015	0.04	5.02	Y
23	0.015		0.015	0.03	5.00	Y
24	0.015		0.015	0.04	5.11	Y
25	0.014		0.014	0.04	5.04	Y
26	0.013		0.013	0.04	5.11	Y
27	0.013		0.013	0.03	5.06	Y
28	0.015		0.015	0.03	5.05	Y
29	0.016		0.016	0.03	5.09	Y
30	0.015		0.015	0.03	5.14	Y
31	0.016		0.016	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**      DATE: **4/3/2025**  
 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 <sub>2</sub> Residual at 1 <sup>st</sup> User ( C ) * [ <sup>mg</sup> / <sub>L</sub> = 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	9.5	7.86	26.2	YES	948	
2	0.730	140	102.2	10.0	7.86	25.4	YES	959	
3	0.720	140	100.8	9.9	7.92	26.0	YES	936	
4	0.730	140	102.2	10.0	7.91	25.7	YES	842	
5	0.740	140	103.6	9.6	7.96	27.1	YES	897	
6	0.730	140	102.2	9.9	7.92	26.0	YES	857	
7	0.750	140	105.0	10.1	7.96	26.1	YES	912	
8	0.740	140	103.6	9.6	8.04	27.8	YES	915	
9	0.740	140	103.6	10.2	8.09	27.1	YES	947	
10	0.730	140	102.2	10.4	8.05	26.4	YES	820	
11	0.740	140	103.6	10.5	8.06	26.3	YES	818	
12	0.730	140	102.2	10.4	8.02	26.1	YES	792	
13	0.740	140	103.6	10.0	7.97	26.4	YES	1,043	
14	0.740	140	103.6	9.8	7.93	26.4	YES	871	
15	0.740	140	103.6	9.2	7.93	27.5	YES	953	
16	0.720	140	100.8	9.0	7.83	26.7	YES	941	
17	0.720	140	100.8	9.0	7.69	25.5	YES	913	
18	0.790	140	110.6	9.1	7.83	26.8	YES	937	
19	0.800	140	112.0	9.1	7.92	27.7	YES	885	
20	0.810	140	113.4	9.0	8.01	28.8	YES	852	
21	0.810	140	113.4	9.1	8.08	29.4	YES	1,034	
22	0.790	140	110.6	9.1	8.07	29.3	YES	987	
23	0.810	140	113.4	9.8	8.02	27.4	YES	995	
24	0.770	140	107.8	9.9	8.04	27.4	YES	984	
25	0.790	140	110.6	10.3	8.04	26.6	YES	917	
26	0.780	140	109.2	10.5	8.04	26.3	YES	924	
27	0.780	140	109.2	10.3	8.02	26.4	YES	899	
28	0.760	140	106.4	10.3	8.03	26.5	YES	948	
29	0.760	140	106.4	10.2	8.04	26.8	YES	1,001	
30	0.770	140	107.8	10.4	7.97	25.8	YES	996	
31	0.770	140	107.8	10.3	7.94	25.7	YES	903	

\* If chlorine concentration at entry point < 0.2 <sup>mg</sup>/<sub>L</sub>, 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