OHA - DWS

Membrane Filter Monthly Operating Report

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

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

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

Minimum test pressure **applied || req'd**: 27.830 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	0.013		0.013	0.03	5.11	Y
2	0.014		0.014	0.04	5.07	Y
3	0.013		0.013	0.04	5.10	Y
4	0.014		0.014	0.04	5.06	Y
5	0.014		0.014	0.04	5.07	Y
6	0.013		0.013	0.04	5.08	Y
7	0.016		0.016	0.04	5.09	Y
8	0.013		0.013	0.04	5.90	Y
9	0.015		0.015	0.04	5.11	Y
10	0.015		0.015	0.04	5.11	Y
11	0.014		0.014	0.03	5.10	Y
12	0.014		0.014	0.04	5.11	Y
13	0.015		0.015	0.05	5.05	Y
14	0.013		0.013	0.05	5.05	Y
15	0.014		0.014	0.04	5.06	Y
16	0.014		0.014	0.04	5.09	Y
17	0.013		0.013	0.05	5.07	Y
18	0.014		0.014	0.04	5.04	Y
19	0.014		0.014	0.04	5.05	Y
20	0.015		0.015	0.04	5.07	Y
21	0.013		0.013	0.05	5.04	Y
22	0.013		0.013	0.04	5.04	Y
23	0.013		0.013	0.04	5.06	Y
24	0.013		0.013	0.05	5.07	Y
25	0.014		0.014	0.05	5.04	Y
26	0.013		0.013	0.04	5.09	Y
27	0.014		0.014	0.04	5.05	Y
28	0.014		0.014	0.04	5.08	Y
29	0.016		0.016	0.04	5.03	Y
30	0.013		0.013	0.04	5.10	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:** 6/4/2025

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

Notes: **PHONE #:** 5419427094

♣ *Used for optimization purposes only.*

Revised 7/31/2023

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	0.740	140	103.6	13.3	8.04	21.8	YES	1,191	
2	0.740	140	103.6	13.5	8.01	21.2	YES	1,166	
3	0.740	140	103.6	13.8	8.02	20.9	YES	987	
4	0.720	140	100.8	13.6	7.97	20.8	YES	1,120	
5	0.720	140	100.8	13.6	8.01	21.1	YES	1,198	
6	0.720	140	100.8	13.7	8.00	20.8	YES	1,307	
7	0.750	140	105.0	14.0	8.00	20.5	YES	1,391	
8	0.770	140	107.8	14.4	8.00	20.1	YES	1,400	
9	0.760	140	106.4	14.5	8.00	19.8	YES	1,446	
10	0.780	140	109.2	14.8	8.17	20.7	YES	1,347	
11	0.770	140	107.8	14.7	8.02	19.8	YES	1,241	
12	0.750	140	105.0	14.2	8.01	20.2	YES	1,266	
13	0.730	140	102.2	13.9	7.97	20.4	YES	1,073	
14	0.710	140	99.4	13.7	7.95	20.4	YES	1,096	
15	0.710	140	99.4	13.8	7.93	20.2	YES	1,058	
16	0.710	140	99.4	13.8	7.98	20.5	YES	1,149	
17	0.740	140	103.6	13.7	8.00	20.9	YES	943	
18	0.730	140	102.2	13.7	7.96	20.5	YES	982	
19	0.740	140	103.6	13.9	7.93	20.0	YES	1,149	
20	0.740	140	103.6	14.0	7.95	20.1	YES	1,198	
21	0.740	140	103.6	14.0	7.97	20.2	YES	1,154	
22	0.740	140	103.6	14.0	7.97	20.2	YES	1,198	
23	0.740	140	103.6	14.0	7.98	20.3	YES	1,189	
24	0.750	140	105.0	14.3	7.99	20.0	YES	1,261	
25	0.780	140	109.2	14.6	7.97	19.5	YES	1,226	
26	0.760	140	106.4	14.6	7.98	19.6	YES	1,253	
27	0.730	140	102.2	14.6	7.98	19.5	YES	1,502	
28	0.730	140	102.2	15.0	7.99	19.0	YES	1,769	
29	0.730	140	102.2	15.6	7.99	18.4	YES	1,682	
30	0.750	140	105.0	15.7	7.97	18.1	YES	2,026	
31	0.740	140	103.6	15.9	7.97	17.8	YES	1,843	

♦ 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

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