

OHA - DWS

Membrane Filter Monthly Operating Report

System Name: **ROW RIVER WTP**

County: **LANE**

Month/Year: **Jun-2025**

PWS ID#: 41 - **00236**

Minimum test pressure applied || req'd: 27.70 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	
1	0.013		0.013	0.04	5.02	Y
2	0.014		0.014	0.04	5.03	Y
3	0.013		0.013	0.04	5.03	Y
4	0.013		0.013	0.04	5.05	Y
5	0.013		0.013	0.04	5.06	Y
6	0.013		0.013	0.04	5.06	Y
7	0.013		0.013	0.04	5.05	Y
8	0.016		0.016	0.04	5.06	Y
9	0.013		0.013	0.04	5.06	Y
10	0.013		0.013	0.04	5.09	Y
11	0.013		0.013	0.04	5.11	Y
12	0.014		0.014	0.04	5.05	Y
13	0.013		0.013	0.04	5.01	Y
14	0.013		0.013	0.04	5.06	Y
15	0.016		0.016	0.04	5.02	Y
16	0.014		0.014	0.04	5.01	Y
17	0.014		0.014	0.04	5.02	Y
18	0.014		0.014	0.04	5.08	Y
19	0.014		0.014	0.04	5.05	Y
20	0.014		0.014	0.04	4.98	Y
21	0.014		0.014	0.04	5.06	Y
22	0.015		0.015	0.03	5.06	Y
23	0.014		0.014	0.03	5.02	Y
24	0.014		0.014	0.03	5.01	Y
25	0.016		0.016	0.03	5.06	Y
26	0.016		0.016	0.04	5.15	Y
27	0.015		0.015	0.03	5.03	Y
28	0.019		0.019	0.04	5.11	Y
29	0.016		0.016	0.04	5.12	Y
30	0.014		0.014	0.03	5.12	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**

SIGNATURE: 

Notes:

DATE: **7/2/2025**

WT CERT #: **t-882889**

PHONE #: **5419427094**

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Disinfection Monthly Operating ReportSystem 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	0.750	140	105.0	15.6	7.96	18.1	YES	1,802	
2	0.750	140	105.0	15.6	7.84	17.3	YES	2,238	
3	0.750	140	105.0	15.9	7.91	17.5	YES	2,091	
4	0.760	140	106.4	16.1	7.97	17.6	YES	2,021	
5	0.750	140	105.0	16.2	8.02	17.9	YES	1,913	
6	0.750	140	105.0	16.4	8.01	17.5	YES	2,457	
7	0.760	140	106.4	16.7	7.98	17.1	YES	2,367	
8	0.810	140	113.4	16.5	7.93	17.0	YES	2,383	
9	0.760	140	106.4	16.9	8.01	17.0	YES	2,674	
10	0.790	140	110.6	17.0	7.97	16.7	YES	2,787	
11	0.790	140	110.6	17.1	7.83	15.7	YES	2,638	
12	0.790	140	110.6	16.6	7.92	16.8	YES	2,496	
13	0.760	140	106.4	16.4	7.96	17.2	YES	2,444	
14	0.780	140	109.2	15.3	8.00	18.9	YES	1,843	
15	0.750	140	105.0	15.4	8.01	18.7	YES	2,020	
16	0.740	140	103.6	15.8	8.03	18.4	YES	2,326	
17	0.730	140	102.2	16.2	8.02	17.8	YES	2,126	
18	0.720	140	100.8	16.5	8.03	17.5	YES	2,196	
19	0.750	140	105.0	16.4	8.04	17.7	YES	1,973	
20	0.740	140	103.6	16.0	7.98	17.8	YES	1,968	
21	0.740	140	103.6	15.4	7.97	18.4	YES	1,349	
22	0.730	140	102.2	15.2	8.00	18.8	YES	1,289	
23	0.730	140	102.2	15.4	7.98	18.5	YES	1,637	
24	0.730	140	102.2	15.8	7.98	18.0	YES	1,997	
25	0.740	140	103.6	16.5	8.02	17.5	YES	2,160	
26	0.760	140	106.4	16.8	8.04	17.3	YES	2,020	
27	0.750	140	105.0	17.1	8.04	16.9	YES	2,070	
28	0.760	140	106.4	17.4	7.94	16.0	YES	2,091	
29	0.770	140	107.8	17.7	8.02	16.1	YES	2,202	
30	0.740	140	103.6	18.1	8.02	15.7	YES	2,642	
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: dpw.dmce@odhsoha.oregon.gov

fax: 971-673-0458

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