OHA - DWS

Membrane Filter Monthly Operating Report

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

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

Plant ID: WTP - **B** *(e.g., "A")* Minimum test pressure **applied || req'd**: 27.85 psi || 27.0 psi

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

PDR = Pressure Decay Rate | PDR_{Max} [$^{psi}/_{min}$] | LRC [log removal] | DIT Daily

LRC = Log Removal Credit | 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	0.015		0.015	0.03	5.11	Y
2	0.014		0.014	0.03	5.12	Y
3	0.013		0.013	0.04	5.08	Y
4	0.013		0.013	0.04	5.09	Y
5	0.015		0.015	0.04	5.09	Y
6	0.014		0.014	0.04	5.03	Y
7	0.013		0.013	0.04	5.09	Y
8	0.014		0.014	0.03	5.09	Y
9	0.013		0.013	0.03	5.16	Y
10	0.014		0.014	0.03	5.04	Y
11	0.014		0.014	0.03	5.09	Y
12	0.014		0.014	0.03	5.15	Y
13	0.014		0.014	0.04	5.10	Y
14	0.014		0.014	0.04	5.13	Y
15	0.014		0.014	0.03	5.09	Y
16	0.014		0.014	0.03	5.09	Y
17	0.014		0.014	0.04	5.08	Y
18	0.014		0.014	0.04	5.07	Y
19	0.014		0.014	0.03	5.11	Y
20	0.014		0.014	0.03	5.15	Y
21	0.014		0.014	0.03	5.13	Y
22	0.014		0.014	0.03	5.13	Y
23	0.016		0.016	0.03	5.09	Y
24	0.016		0.015	0.04	5.05	Y
25	0.014		0.014	0.04	5.11	Y
26	0.014		0.014	0.04	5.07	Y
27	0.014		0.014	0.04	5.01	Y
28	0.014		0.014	0.03	5.04	Y
29	0.014		0.014	0.04	5.02	Y
30	0.014		0.014	0.04	5.03	Y
31	0.014		0.014	0.04	5.03	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:** 8/4/2025

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_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	0.750	140	105.0	18.7	8.04	15.2	YES	2,590	
2	0.730	140	102.2	18.7	8.06	15.3	YES	2,457	
3	0.740	140	103.6	18.2	8.02	15.6	YES	2,088	
4	0.730	140	102.2	17.8	8.07	16.3	YES	2,075	
5	0.750	140	105.0	17.1	8.04	17.0	YES	2,004	
6	0.750	140	105.0	17.4	8.07	16.8	YES	2,130	
7	0.740	140	103.6	17.7	8.06	16.4	YES	2,509	
8	0.730	140	102.2	18.0	8.06	16.0	YES	2,510	
9	0.720	140	100.8	18.5	8.00	15.2	YES	2,772	
10	0.740	140	103.6	18.6	8.00	15.1	YES	2,342	
11	0.720	140	100.8	18.4	8.06	15.6	YES	2,500	
12	0.750	140	105.0	18.6	8.07	15.5	YES	2,255	
13	0.770	140	107.8	18.9	8.05	15.1	YES	2,467	
14	0.720	140	100.8	19.3	8.08	14.8	YES	2,844	
15	0.730	140	102.2	18.9	8.11	15.3	YES	2,603	
16	0.720	140	100.8	19.1	8.11	15.1	YES	2,874	
17	0.720	140	100.8	18.9	8.01	14.8	YES	2,545	
18	0.720	140	100.8	18.9	8.10	15.3	YES	2,539	
19	0.720	140	100.8	18.8	8.00	14.8	YES	2,407	
20	0.730	140	102.2	18.6	8.04	15.3	YES	2,284	
21	0.790	140	110.6	18.0	8.03	16.0	YES	2,589	
22	0.740	140	103.6	17.8	8.02	16.0	YES	2,529	
23	0.730	140	102.2	18.3	8.01	15.4	YES	2,504	
24	0.730	140	102.2	18.7	8.01	15.1	YES	2,498	
25	0.730	140	102.2	18.7	8.00	14.9	YES	2,410	
26	0.730	140	102.2	18.6	7.99	15.0	YES	2,222	
27	0.720	140	100.8	18.5	7.96	14.9	YES	2,322	
28	0.730	140	102.2	18.4	7.96	15.0	YES	2,656	
29	0.720	140	100.8	18.6	7.94	14.7	YES	2,531	
30	0.710	140	99.4	18.9	7.95	14.5	YES	2,616	
31	0.750	140	105.0	18.9	7.96	14.6	YES	2,439	

♦ 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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