OHA - DWS

Membrane Filter Monthly Operating Report

County: **LANE**

System Name: **ROW RIVER WTP**

Month/Year: **Aug-2025**

PWS ID#: 41 - **00236**

Minimum test pressure **applied** || **req'd**: 27.58 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

PDR_{Max} [$^{psi}/_{min}$]	LRC [log removal]
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]	DIT Daily [Y/N] or "off"
1	0.014		0.014	0.04	5.08	Y
2	0.014		0.014	0.04	5.01	Y
3	0.014		0.014	0.04	5.02	Y
4	0.014		0.014	0.03	5.06	Y
5	0.014		0.014	0.04	5.00	Y
6	0.014		0.014	0.04	5.03	Y
7	0.014		0.014	0.04	5.04	Y
8	0.014		0.014	0.04	4.97	Y
9	0.014		0.014	0.05	4.85	Y
10	0.014		0.014	0.04	4.96	Y
11	0.017		0.017	0.04	5.04	Y
12	0.014		0.014	0.04	4.98	Y
13	0.014		0.014	0.04	5.02	Y
14	0.014		0.014	0.04	4.96	Y
15	0.014		0.014	0.04	5.00	Y
16	0.014		0.014	0.04	5.00	Y
17	0.022		0.022	0.04	5.06	Y
18	0.014		0.014	0.04	5.09	Y
19	0.014		0.014	0.05	5.11	Y
20	0.015		0.015	0.04	5.05	Y
21	0.014		0.014	0.05	5.06	Y
22	0.015		0.015	0.05	5.03	Y
23	0.015		0.015	0.04	5.11	Y
24	0.016		0.016	0.04	5.04	Y
25	0.015		0.015	0.04	4.99	Y
26	0.015		0.015	0.04	5.04	Y
27	0.015		0.015	0.04	5.02	Y
28	0.016		0.016	0.04	5.00	Y
29	0.015		0.015	0.04	5.10	Y
30	0.016		0.016	0.04	5.02	Y
31	0.016		0.016	0.04	5.09	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:** 9/4/2025

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	0.760	140	106.4	18.9	7.97	14.6	YES	2,598	
2	0.750	140	105.0	19.0	7.98	14.6	YES	2,213	
3	0.740	140	103.6	18.7	7.97	14.8	YES	2,238	
4	0.740	140	103.6	18.4	8.03	15.5	YES	2,537	
5	0.720	140	100.8	18.3	8.01	15.4	YES	2,430	
6	0.700	140	98.0	18.5	8.00	15.1	YES	2,500	
7	0.720	140	100.8	18.4	7.99	15.2	YES	2,113	
8	0.710	140	99.4	18.0	8.00	15.7	YES	2,523	
9	0.710	140	99.4	18.3	8.02	15.5	YES	2,162	
10	0.700	140	98.0	18.6	8.02	15.1	YES	2,321	
11	0.710	140	99.4	19.4	8.01	14.3	YES	2,762	
12	0.700	140	98.0	19.7	7.98	13.8	YES	2,662	
13	0.710	140	99.4	19.9	7.98	13.7	YES	2,802	
14	0.750	140	105.0	19.8	7.96	13.7	YES	2,359	
15	0.760	140	106.4	19.6	7.99	14.1	YES	2,617	
16	0.770	140	107.8	19.0	7.99	14.6	YES	1,975	
17	0.760	140	106.4	18.7	7.93	14.7	YES	2,070	
18	0.730	140	102.2	18.6	7.98	14.9	YES	2,467	
19	0.740	140	103.6	18.4	7.99	15.2	YES	2,356	
20	0.700	140	98.0	18.6	7.99	14.9	YES	2,490	
21	0.710	140	99.4	18.8	8.02	14.9	YES	2,398	
22	0.710	140	99.4	19.2	8.02	14.6	YES	2,620	
23	0.710	140	99.4	19.6	8.04	14.2	YES	2,337	
24	0.710	140	99.4	19.8	8.03	14.0	YES	2,266	
25	0.690	140	96.6	19.7	7.98	13.9	YES	2,612	
26	0.730	140	102.2	19.2	7.92	14.0	YES	2,189	
27	0.670	140	93.8	19.5	7.96	13.9	YES	2,477	
28	0.720	140	100.8	19.8	7.95	13.6	YES	2,288	
29	0.720	140	100.8	19.6	7.97	14.0	YES	2,395	
30	0.740	140	103.6	19.2	7.97	14.3	YES	2,032	
31	0.740	140	103.6	19.2	7.97	14.3	YES	2,142	

♦ 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