OHA - DWS

Membrane Filter Monthly Operating Report

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

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

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

Minimum test pressure **applied || req'd**: 27.77 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

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	0.016		0.016	0.04	5.00	Y
2	0.016		0.016	0.04	4.98	Y
3	0.016		0.016	0.04	5.00	Y
4	0.017		0.017	0.04	5.00	Y
5	0.017		0.017	0.04	5.00	Y
6	0.014		0.014	0.04	5.00	Y
7	0.014		0.014	0.04	5.00	Y
8	0.014		0.014	0.04	5.01	Y
9	0.014		0.014	0.04	4.99	Y
10	0.015		0.015	0.04	4.98	Y
11	0.015		0.015	0.04	5.00	Y
12	0.016		0.016	0.04	5.00	Y
13	0.013		0.013	0.04	5.03	Y
14	0.013		0.013	0.05	4.96	Y
15	0.013		0.013	0.05	4.94	Y
16	0.013		0.013	0.04	5.00	Y
17	0.013		0.013	0.05	4.96	Y
18	0.013		0.013	0.04	4.92	Y
19	0.013		0.013	0.04	4.94	Y
20	0.013		0.013	0.04	5.01	Y
21	0.014		0.014	0.05	5.03	Y
22	0.012		0.012	0.05	5.02	Y
23	0.012		0.012	0.05	5.01	Y
24	0.012		0.012	0.04	5.03	Y
25	0.014		0.014	0.05	5.00	Y
26	0.014		0.014	0.05	5.03	Y
27	0.013		0.013	0.05	5.03	Y
28	0.013		0.013	0.05	4.99	Y
29	0.012		0.012	0.05	4.98	Y
30	0.012		0.012	0.05	4.98	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** **DATE:** 10/1/2025

SIGNATURE: Ryan K **WT CERT #:** **T-882889**

Notes: **PHONE #:** **541-942-7094**

♣ *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	0.720	140	100.8	19.4	8.00	14.3	YES	2,256	
2	0.740	140	103.6	19.4	7.99	14.3	YES	2,219	
3	0.730	140	102.2	19.7	7.99	14.0	YES	2,491	
4	0.750	140	105.0	19.6	7.95	13.8	YES	2,275	
5	0.710	140	99.4	19.9	8.02	13.9	YES	2,352	
6	0.710	140	99.4	19.8	8.00	13.9	YES	1,958	
7	0.740	140	103.6	19.7	8.01	14.1	YES	2,013	
8	0.730	140	102.2	19.7	8.00	14.0	YES	2,256	
9	0.730	140	102.2	19.2	7.96	14.3	YES	1,920	
10	0.720	140	100.8	19.2	7.89	13.9	YES	1,746	
11	0.720	140	100.8	19.1	7.90	14.0	YES	1,723	
12	0.670	140	93.8	19.1	7.98	14.4	YES	1,728	
13	0.690	140	96.6	19.1	8.01	14.5	YES	1,548	
14	0.720	140	100.8	19.4	8.02	14.4	YES	1,369	
15	0.710	140	99.4	19.1	8.03	14.7	YES	1,761	
16	0.720	140	100.8	19.2	8.02	14.5	YES	1,671	
17	0.700	140	98.0	19.6	7.99	14.0	YES	1,840	
18	0.710	140	99.4	19.9	7.98	13.7	YES	1,769	
19	0.740	140	103.6	19.8	7.93	13.5	YES	1,835	
20	0.720	140	100.8	19.8	8.02	14.0	YES	1,473	
21	0.760	140	106.4	20.0	8.01	13.8	YES	1,513	
22	0.800	140	112.0	19.6	7.99	14.2	YES	1,764	
23	0.770	140	107.8	19.5	7.99	14.2	YES	1,573	
24	0.760	140	106.4	19.7	7.95	13.8	YES	1,774	
25	0.760	140	106.4	19.8	8.04	14.2	YES	1,765	
26	0.770	140	107.8	19.6	8.10	14.6	YES	1,748	
27	0.760	140	106.4	19.4	8.11	14.9	YES	1,381	
28	0.740	140	103.6	19.3	8.14	15.2	YES	1,299	
29	0.740	140	103.6	19.2	8.14	15.3	YES	1,534	
30	0.690	140	96.6	18.7	8.08	15.3	YES	1,288	
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: dwp.dmce@odhsoha.oregon.gov

fax: 971-673-0458

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