OHA - DWS

Membrane Filter Monthly Operating Report

System Name: **ROW RIVER WTP**
PWS ID#: 41 - **00236**
Plant ID: WTP - **B** *(e.g., "A")*

County: **LANE**
Month/Year: **Oct-2025**
Minimum test pressure **applied || req'd**: 27.75 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]
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	0.05	4.97	Y
2	0.015		0.015	0.04	5.01	Y
3	0.015		0.015	0.04	5.04	Y
4	0.013		0.013	0.04	5.02	Y
5	0.013		0.013	0.05	5.05	Y
6	0.013		0.013	0.05	4.97	Y
7	0.013		0.013	0.05	4.95	Y
8	0.013		0.013	0.05	4.99	Y
9	0.013		0.013	0.05	4.97	Y
10	0.017		0.017	0.05	5.02	Y
11	0.013		0.013	0.04	5.02	Y
12	0.012		0.012	0.05	5.03	Y
13	0.012		0.012	0.05	5.01	Y
14	0.012		0.012	0.05	4.97	Y
15	0.013		0.013	0.05	4.97	Y
16	0.013		0.013	0.05	5.04	Y
17	0.015		0.015	0.05	4.99	Y
18	0.014		0.014	0.05	5.02	Y
19	0.012		0.012	0.05	5.08	Y
20	0.012		0.012	0.05	5.01	Y
21	0.012		0.012	0.05	5.00	Y
22	0.012		0.012	0.05	4.99	Y
23	0.014		0.014	0.04	5.00	Y
24	0.015		0.015	0.05	5.00	Y
25	0.013		0.013	0.05	4.97	Y
26	0.013		0.013	0.05	4.97	Y
27	0.013		0.013	0.05	4.97	Y
28	0.013		0.013	0.05	4.97	Y
29	0.014		0.014	0.05	4.98	Y
30	0.016		0.016	0.05	4.93	Y
31	0.013		0.013	0.05	4.99	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:** 11/3/2025
SIGNATURE: **WT CERT #:** **T-882889**
Notes: **PHONE #:** **541-942-7094**

♣ *Used for optimization purposes only.*

Revised 7/31/2023

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	0.680	140	95.2	18.5	8.07	15.5	YES	1,221	
2	0.670	140	93.8	18.4	8.05	15.5	YES	1,043	
3	0.660	140	92.4	18.3	8.00	15.2	YES	1,098	
4	0.660	140	92.4	18.2	8.02	15.5	YES	975	
5	0.690	140	96.6	18.9	7.94	14.4	YES	1,030	
6	0.690	140	96.6	18.9	7.93	14.3	YES	1,142	
7	0.700	140	98.0	18.9	7.94	14.4	YES	1,027	
8	0.710	140	99.4	19.2	7.94	14.1	YES	1,134	
9	0.730	140	102.2	19.0	7.99	14.6	YES	1,028	
10	0.740	140	103.6	18.6	8.05	15.4	YES	1,048	
11	0.740	140	103.6	18.3	8.07	15.8	YES	934	
12	0.740	140	103.6	18.4	8.06	15.7	YES	962	
13	0.730	140	102.2	18.0	8.05	15.9	YES	969	
14	0.760	140	106.4	17.8	8.04	16.2	YES	866	
15	0.700	140	98.0	17.1	7.97	16.4	YES	864	
16	0.710	140	99.4	17.3	7.97	16.1	YES	857	
17	0.700	140	98.0	17.1	7.99	16.5	YES	913	
18	0.700	140	98.0	16.7	8.00	17.0	YES	918	
19	0.720	140	100.8	17.2	7.99	16.5	YES	930	
20	0.690	140	96.6	16.9	8.01	16.9	YES	867	
21	0.730	140	102.2	16.8	8.02	17.1	YES	854	
22	0.720	140	100.8	16.6	8.02	17.3	YES	920	
23	0.680	140	95.2	16.6	8.04	17.4	YES	828	
24	0.690	140	96.6	16.4	8.03	17.5	YES	902	
25	0.700	140	98.0	16.0	8.00	17.9	YES	978	
26	0.740	140	103.6	15.6	7.97	18.2	YES	970	
27	0.710	140	99.4	15.2	7.93	18.3	YES	879	
28	0.750	140	105.0	15.1	7.90	18.4	YES	835	
29	0.730	140	102.2	14.9	7.89	18.5	YES	831	
30	0.740	140	103.6	14.7	7.93	19.1	YES	817	
31	0.690	140	96.6	14.6	7.95	19.2	YES	895	

♦ 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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