

Membrane Filter Monthly Operating Report

County: **LANE**System Name: **ROW RIVER WTP**Month/Year: **Nov-2025**PWS ID#: 41 - **00236**Minimum test pressure applied || req'd: **27.40 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 [Y/N] or "off"
				0.170	4.00	
1	0.014		0.014	0.04	4.96	Y
2	0.013		0.013	0.05	4.98	Y
3	0.013		0.013	0.05	5.02	Y
4	0.013		0.013	0.05	5.00	Y
5	0.013		0.013	0.05	5.00	Y
6	0.014		0.014	0.04	4.98	Y
7	0.014		0.014	0.04	5.03	Y
8	0.016		0.016	0.03	5.12	Y
9	0.015		0.015	0.04	5.08	Y
10	0.015		0.015	0.04	5.07	Y
11	0.014		0.014	0.04	5.11	Y
12	0.015		0.015	0.04	5.08	Y
13	0.015		0.015	0.04	5.08	Y
14	0.015		0.015	0.04	5.11	Y
15	0.016		0.016	0.04	5.15	Y
16	0.012		0.012	0.04	5.08	Y
17	0.013		0.013	0.04	5.08	Y
18	0.013		0.013	0.03	5.10	Y
19	0.013		0.013	0.03	5.11	Y
20	0.013		0.013	0.04	5.04	Y
21	0.013		0.013	0.03	5.10	Y
22	0.013		0.013	0.05	4.99	Y
23	0.012		0.012	0.05	4.98	Y
24	0.012		0.012	0.05	5.04	Y
25	0.012		0.012	0.04	5.10	Y
26	0.012		0.012	0.04	5.04	Y
27	0.012		0.012	0.04	5.08	Y
28	0.012		0.012	0.03	5.10	Y
29	0.013		0.013	0.04	5.06	Y
30	0.012		0.012	0.04	5.13	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: **12/1/2025**WT CERT #: **T3 882889**PHONE #: **5419427094**

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 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	0.700	140	98.0	14.6	7.94	19.1	YES	884	
2	0.710	140	99.4	14.5	7.95	19.3	YES	962	
3	0.740	140	103.6	14.3	7.97	19.8	YES	836	
4	0.730	140	102.2	14.3	7.96	19.7	YES	826	
5	0.760	140	106.4	14.3	7.94	19.7	YES	770	
6	0.720	140	100.8	14.3	7.97	19.8	YES	841	
7	0.740	140	103.6	14.1	7.99	20.3	YES	821	
8	0.720	140	100.8	13.3	8.01	21.5	YES	892	
9	0.720	140	100.8	13.4	7.98	21.1	YES	924	
10	0.710	140	99.4	13.3	7.99	21.3	YES	864	
11	0.700	140	98.0	13.3	7.95	20.9	YES	846	
12	0.690	140	96.6	13.3	7.98	21.2	YES	793	
13	0.700	140	98.0	13.2	8.00	21.5	YES	803	
14	0.690	140	96.6	13.2	7.98	21.3	YES	915	
15	0.710	140	99.4	13.2	8.03	21.8	YES	946	
16	0.720	140	100.8	13.2	8.06	22.1	YES	920	
17	0.730	140	102.2	13.0	8.04	22.2	YES	834	
18	0.710	140	99.4	12.5	8.08	23.2	YES	810	
19	0.730	140	102.2	12.2	8.11	23.9	YES	861	
20	0.730	140	102.2	12.1	8.13	24.2	YES	814	
21	0.740	140	103.6	11.8	8.18	25.2	YES	818	
22	0.740	140	103.6	10.9	8.18	26.8	YES	904	
23	0.750	140	105.0	11.2	8.16	26.1	YES	909	
24	0.740	140	103.6	11.2	8.13	25.8	YES	825	
25	0.730	140	102.2	10.9	8.15	26.4	YES	814	
26	0.730	140	102.2	10.9	8.11	26.0	YES	888	
27	0.720	140	100.8	10.7	8.09	26.2	YES	1,009	
28	0.720	140	100.8	11.1	7.92	24.1	YES	1,007	
29	0.700	140	98.0	10.8	7.93	24.5	YES	881	
30	0.720	140	100.8	10.9	7.93	24.5	YES	931	
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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