

# OHA - DWS

## Membrane Filter Monthly Operating Report

County: **LANE**

System Name: **Row River WTP**

Month/Year: **Dec-2025**

PWS ID#: 41 - **00236**

Minimum test pressure applied || req'd: 27.56 || 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<sub>Max</sub> [<sup>psi</sup>/<sub>min</sub>]

LRC [log removal]

**0.170**

**4.00**

DIT Daily

Day	CFE Daily Turbidity [NTU]	Highest CFE* [NTU]	Highest IFE [NTU] (>15 min duration)	Highest PDR of day [ <sup>psi</sup> / <sub>min</sub> ]	Lowest LRV <sub>ambient</sub> of day [log removal]	[Y/N] or "off"
1	0.012		0.012	0.04	5.07	Y
2	0.012		0.012	0.04	5.06	Y
3	0.012		0.012	0.04	5.10	Y
4	0.012		0.012	0.04	5.11	Y
5	0.012		0.012	0.04	5.01	Y
6	0.012		0.012	0.04	5.03	Y
7	0.012		0.012	0.04	4.97	Y
8	0.012		0.012	0.04	4.98	Y
9	0.012		0.012	0.04	5.05	Y
10	0.012		0.012	0.03	5.00	Y
11	0.013		0.013	0.03	5.06	Y
12	0.012		0.012	0.03	5.03	Y
13	0.012		0.012	0.04	5.10	Y
14	0.012		0.012	0.04	5.03	Y
15	0.012		0.012	0.03	5.03	Y
16	0.012		0.012	0.04	5.02	Y
17	0.012		0.012	0.03	5.06	Y
18	0.012		0.012	0.04	4.99	Y
19	0.012		0.012	0.05	4.84	Y
20	0.013		0.013	0.05	4.87	Y
21	0.012		0.012	0.05	5.00	Y
22	0.011		0.011	0.04	5.02	Y
23	0.011		0.011	0.04	5.03	Y
24	0.012		0.012	0.03	5.04	Y
25	0.012		0.012	0.04	5.09	Y
26	0.011		0.011	0.03	5.07	Y
27	0.012		0.012	0.03	5.09	Y
28	0.011		0.011	0.04	5.09	Y
29	0.011		0.011	0.04	5.14	Y
30	0.012		0.012	0.03	5.10	Y
31	0.012		0.012	0.03	5.25	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 <sub>Max</sub> , LRV ≥ LRC)	DIT Daily?
<b>Yes</b>	<b>Yes</b>	<b>Yes</b>	<b>Yes</b>	<b>Yes</b>
CT's met daily? (p. 2)	All Cl <sub>2</sub> residual at EP ≥ 0.2 mg/L?	PDR ≤ PDR <sub>Max</sub> ?	LRV <sub>ambient</sub> ≥ LRC?	
<b>Yes</b>	<b>Yes</b>	<b>Yes</b>	<b>Yes</b>	

PRINTED NAME: **Ryan Kimball**

SIGNATURE: 

Notes:

DATE: 1/5/2026

WT CERT #: T-882889

PHONE #: 5419427094

\* Used for optimization purposes only.

**Disinfection Monthly Operating Report**

System Name: Row River WTP

PWS ID#: 41 - 00236

**0.5**

↳ Log  
Inactivation  
Required via  
Disinfection

Plant ID : WTP - B

Day	Minimum Cl <sub>2</sub> Residual at 1 <sup>st</sup> 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	10.7	7.91	24.6	YES	898	
2	0.730	140	102.2	10.5	7.91	25.0	YES	909	
3	0.760	140	106.4	10.2	7.91	25.5	YES	859	
4	0.750	140	105.0	10.1	7.91	25.6	YES	849	
5	0.760	140	106.4	10.2	7.90	25.4	YES	824	
6	0.760	140	106.4	10.1	7.84	25.1	YES	921	
7	0.790	140	110.6	10.3	7.79	24.4	YES	913	
8	0.790	140	110.6	10.5	7.73	23.6	YES	867	
9	0.770	140	107.8	10.7	7.65	22.6	YES	779	
10	0.760	140	106.4	10.9	7.75	23.1	YES	805	
11	0.750	140	105.0	11.0	7.79	23.2	YES	851	
12	0.740	140	103.6	10.7	7.87	24.2	YES	863	
13	0.760	140	106.4	10.3	7.87	25.0	YES	915	
14	0.780	140	109.2	10.2	7.98	26.3	YES	909	
15	0.790	140	110.6	10.5	7.97	25.7	YES	842	
16	0.800	140	112.0	10.6	7.96	25.4	YES	808	
17	0.840	140	117.6	10.6	7.85	24.6	YES	805	
18	0.800	140	112.0	10.5	7.95	25.5	YES	781	
19	0.800	140	112.0	10.6	7.93	25.1	YES	848	
20	0.750	140	105.0	9.7	7.88	26.1	YES	950	
21	0.780	140	109.2	10.3	7.88	25.2	YES	909	
22	0.740	140	103.6	10.3	7.88	25.0	YES	854	
23	0.730	140	102.2	10.0	7.92	25.9	YES	866	
24	0.740	140	103.6	10.0	7.93	26.0	YES	891	
25	0.770	140	107.8	9.9	7.86	25.7	YES	956	
26	0.790	140	110.6	9.8	7.73	24.6	YES	1,050	
27	0.720	140	100.8	9.2	7.74	25.6	YES	1,075	
28	0.800	140	112.0	9.2	7.97	28.1	YES	980	
29	0.820	140	114.8	9.0	8.00	28.7	YES	889	
30	0.790	140	110.6	8.9	8.01	29.0	YES	842	
31	0.760	140	106.4	8.6	8.06	30.0	YES	842	

\* 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 10<sup>th</sup> of following month by**

mail: Drinking Water Services  
PO Box 14350  
Portland, OR 97293-0350  
email: [dwp.dmce@odhsoha.oregon.gov](mailto:dwp.dmce@odhsoha.oregon.gov)  
fax: 971-673-0458