

OHA - DWS

Membrane Filter Monthly Operating Report


 County: **LANE**

 System Name: **ROW RIVER WTP**

 Month/Year: **Jan-2026**

 PWS ID#: 41 - **00236**

 Minimum test pressure applied || req'd: 27.79 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
				0.170	4.00	
				Highest PDR of day [^{psi} / _{min}]	Lowest LRV _{ambient} of day [log removal]	[Y/N] or "off"
1	0.011		0.011	0.03	5.18	Y
2	0.012		0.012	0.03	5.09	Y
3	0.013		0.013	0.03	5.09	Y
4	0.012		0.012	0.03	5.15	Y
5	0.011		0.011	0.03	5.04	Y
6	0.011		0.011	0.03	5.15	Y
7	0.012		0.012	0.03	5.05	Y
8	0.011		0.011	0.04	5.06	Y
9	0.011		0.011	0.03	5.05	Y
10	0.012		0.012	0.03	5.15	Y
11	0.012		0.012	0.04	5.11	Y
12	0.013		0.013	0.03	5.16	Y
13	0.011		0.011	0.04	5.14	Y
14	0.012		0.012	0.03	5.19	Y
15	0.012		0.012	0.03	5.14	Y
16	0.012		0.012	0.04	5.16	Y
17	0.012		0.012	0.03	5.09	Y
18	0.011		0.011	0.03	5.11	Y
19	0.012		0.012	0.03	5.13	Y
20	0.012		0.012	0.03	5.12	Y
21	0.012		0.012	0.03	5.11	Y
22	0.012		0.012	0.03	5.19	Y
23	0.012		0.012	0.03	5.09	Y
24	0.011		0.011	0.03	5.06	Y
25	0.012		0.012	0.04	5.06	Y
26	0.012		0.012	0.04	5.09	Y
27	0.012		0.012	0.04	5.08	Y
28	0.012		0.012	0.04	5.12	Y
29	0.012		0.012	0.03	5.09	Y
30	0.012		0.012	0.03	5.04	Y
31	0.012		0.012	0.03	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: 2/2/2026
SIGNATURE:	WT CERT #: T882889
Notes:	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	0.760	140	106.4	8.5	7.61	25.6	YES	812	
2	0.780	140	109.2	7.1	7.63	28.6	YES	899	
3	0.780	140	109.2	7.5	7.83	29.9	YES	1,040	
4	0.780	140	109.2	7.4	7.81	29.8	YES	1,003	
5	0.710	140	99.4	7.8	7.80	28.7	YES	837	
6	0.730	140	102.2	7.8	7.82	28.9	YES	824	
7	0.720	140	100.8	7.7	7.81	28.9	YES	827	
8	0.690	140	96.6	7.6	7.83	29.3	YES	819	
9	0.710	140	99.4	7.4	7.94	31.1	YES	942	
10	0.740	140	103.6	7.3	8.00	32.1	YES	884	
11	0.750	140	105.0	7.1	8.02	32.6	YES	950	
12	0.740	140	103.6	7.0	8.01	32.8	YES	819	
13	0.730	140	102.2	6.8	7.99	33.0	YES	829	
14	0.740	140	103.6	6.6	7.94	32.8	YES	860	
15	0.750	140	105.0	6.5	7.92	33.0	YES	937	
16	0.750	140	105.0	6.2	7.92	33.5	YES	924	
17	0.750	140	105.0	6.3	7.93	33.5	YES	1,010	
18	0.780	140	109.2	6.1	7.94	34.1	YES	916	
19	0.740	140	103.6	6.0	7.95	34.3	YES	924	
20	0.800	140	112.0	5.9	7.95	34.9	YES	822	
21	0.760	140	106.4	5.7	7.95	35.1	YES	833	
22	0.790	140	110.6	5.5	7.94	35.7	YES	849	
23	0.790	140	110.6	5.5	7.92	35.3	YES	958	
24	0.750	140	105.0	5.0	7.91	36.3	YES	978	
25	0.760	140	106.4	4.9	7.96	37.2	YES	1,037	
26	0.750	140	105.0	4.9	7.94	37.1	YES	858	
27	0.730	140	102.2	4.8	7.94	37.0	YES	812	
28	0.740	140	103.6	4.8	7.95	37.3	YES	796	
29	0.760	140	106.4	5.3	7.93	35.8	YES	962	
30	0.720	140	100.8	5.4	7.89	34.8	YES	856	
31	0.720	140	100.8	5.5	7.91	34.9	YES	1,085	

* 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