

# OHA - DWS

## Membrane Filter Monthly Operating Report

County: **LANE**

System Name: **ROW RIVER WTP**

Month/Year: **Feb-2026**

PWS ID#: 41 - **00236**

Minimum test pressure applied || req'd: 27.76\_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

PDR<sub>Max</sub> [<sup>psi</sup>/min]

LRC [log removal]

DIT  
Daily

LRC = Log Removal Credit

0.170

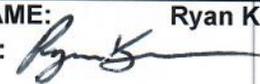
4.00

Day	CFE Daily Turbidity [NTU]	Highest CFE* [NTU]	Highest IFE [NTU] (>15 min duration)	Highest PDR of day [ <sup>psi</sup> /min]	Lowest LRV <sub>ambient</sub> of day [log removal]	[Y/N] or "off"
1	0.012		0.012	0.03	5.24	Y
2	0.013		0.013	0.04	5.11	Y
3	0.011		0.011	0.03	5.09	Y
4	0.013		0.013	0.03	5.15	Y
5	0.014		0.014	0.03	5.14	Y
6	0.013		0.013	0.03	5.10	Y
7	0.012		0.012	0.03	5.13	Y
8	0.011		0.011	0.03	5.10	Y
9	0.011		0.011	0.04	4.99	Y
10	0.011		0.011	0.04	5.03	Y
11	0.011		0.011	0.04	5.07	Y
12	0.012		0.012	0.04	5.05	Y
13	0.013		0.013	0.03	5.11	Y
14	0.011		0.011	0.03	5.06	Y
15	0.011		0.011	0.03	5.15	Y
16	0.013		0.013	0.03	5.10	Y
17	0.011		0.011	0.03	5.12	Y
18	0.011		0.011	0.04	5.11	Y
19	0.011		0.011	0.04	5.10	Y
20	0.011		0.011	0.03	5.04	Y
21	0.011		0.011	0.03	5.06	Y
22	0.011		0.011	0.03	5.08	Y
23	0.011		0.011	0.03	5.19	Y
24	0.011		0.011	0.04	5.01	Y
25	0.011		0.011	0.04	4.96	Y
26	0.011		0.011	0.04	4.97	Y
27	0.012		0.012	0.04	5.00	Y
28	0.012		0.012	0.03	5.04	Y
29						
30						
31						

### 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?
Yes	Yes	Yes	Yes	Yes
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?	
Yes	Yes	Yes	Yes	

PRINTED NAME: **Ryan Kimball**      DATE: March, 02 2026

SIGNATURE:       WT CERT #: **T3-882889**

Notes:      PHONE #: **541-942-7094**

\* Used for optimization purposes only.

# 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 <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	0.740	140	103.6	5.9	7.94	34.5	YES	966	
2	0.740	140	103.6	6.1	8.01	34.9	YES	817	
3	0.720	140	100.8	6.2	8.04	35.0	YES	809	
4	0.730	140	102.2	6.5	8.06	34.5	YES	822	
5	0.710	140	99.4	6.6	8.06	34.2	YES	818	
6	0.690	140	96.6	6.7	8.09	34.3	YES	911	
7	0.720	140	100.8	6.1	8.06	35.5	YES	904	
8	0.720	140	100.8	6.9	8.04	33.2	YES	945	
9	0.740	140	103.6	7.0	7.98	32.5	YES	819	
10	0.790	140	110.6	7.0	7.89	31.6	YES	812	
11	0.790	140	110.6	7.0	7.81	30.7	YES	808	
12	0.770	140	107.8	7.1	7.79	30.2	YES	825	
13	0.770	140	107.8	7.3	7.78	29.7	YES	894	
14	0.740	140	103.6	7.0	7.77	30.0	YES	908	
15	0.730	140	102.2	7.4	7.76	29.1	YES	881	
16	0.710	140	99.4	7.2	7.76	29.4	YES	844	
17	0.710	140	99.4	7.1	7.74	29.4	YES	777	
18	0.720	140	100.8	6.9	7.74	29.8	YES	813	
19	0.730	140	102.2	6.8	7.74	30.0	YES	825	
20	0.730	140	102.2	6.8	7.73	30.0	YES	938	
21	0.740	140	103.6	6.8	7.74	30.0	YES	970	
22	0.740	140	103.6	7.2	7.72	29.2	YES	920	
23	0.740	140	103.6	7.4	7.70	28.4	YES	807	
24	0.830	140	116.2	7.5	7.66	28.3	YES	767	
25	0.820	140	114.8	7.8	7.65	27.6	YES	795	
26	0.820	140	114.8	7.5	7.83	30.0	YES	810	
27	0.770	140	107.8	7.9	7.84	29.2	YES	851	
28	0.760	140	106.4	7.5	7.90	30.4	YES	955	
29		140							
30		140							
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 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