

OHA - DWS

Membrane Filter Monthly Operating Report

 County: **LANE**

 Month/Year: **Jan-2024**

 System Name: **ROW RIVER WTP**

 PWS ID#: 41 - **00236**

 Minimum test pressure applied || req'd: 27.25 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

 PDR_{Max} [psi/min]

LRC [log removal]

0.300

4.00

DIT

Daily

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]	[Y/N] or "off"
1	0.015		0.015	0.16	5.08	Y
2	0.015		0.015	0.16	5.05	Y
3	0.015		0.015	0.17	5.03	Y
4	0.015		0.015	0.17	5.06	Y
5	0.014		0.014	0.16	5.04	Y
6	0.018		0.018	0.18	5.12	Y
7	0.015		0.015	0.18	5.03	Y
8	0.015		0.015	0.17	5.12	Y
9	0.015		0.015	0.18	5.01	Y
10	0.015		0.015	0.19	5.00	Y
11	0.017		0.017	0.20	4.99	Y
12	0.017		0.017	0.17	5.11	Y
13	0.017		0.017	0.14	5.10	Y
14	0.014		0.014	0.23	4.87	Y
15	0.015		0.015	0.24	4.48	Y
16	0.015		0.015	0.26	5.01	Y
17	0.015		0.015	0.24	4.93	Y
18	0.015		0.015	0.23	4.88	Y
19	0.015		0.015	0.22	4.96	Y
20	0.018		0.018	0.20	4.98	Y
21	0.017		0.017	0.18	4.99	Y
22	0.016		0.016	0.22	5.00	Y
23	0.018		0.018	0.19	5.02	Y
24	0.016		0.016	0.18	5.00	Y
25	0.016		0.016	0.18	4.95	Y
26	0.015		0.015	0.18	4.97	Y
27	0.014		0.014	0.18	4.98	Y
28	0.014		0.014	0.18	5.01	Y
29	0.016		0.016	0.18	5.00	Y
30	0.015		0.015	0.17	5.00	Y
31	0.016		0.016	0.18	5.02	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: **2/1/2024**

 WT CERT #: **T-882889**

 PHONE #: **541-942-7094**

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Disinfection Monthly Operating ReportSystem 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	8.09	30.6	YES	883	
2	0.740	140	103.6	8.2	8.10	31.2	YES	827	
3	0.780	140	109.2	8.3	8.10	31.1	YES	808	
4	0.800	140	112.0	8.0	8.10	31.9	YES	1,118	
5	0.810	140	113.4	8.2	7.95	29.9	YES	822	
6	0.780	140	109.2	7.9	7.95	30.2	YES	920	
7	0.810	140	113.4	7.8	7.94	30.5	YES	989	
8	0.810	140	113.4	7.7	7.93	30.6	YES	772	
9	0.770	140	107.8	7.6	7.90	30.3	YES	799	
10	0.790	140	110.6	7.5	7.89	30.5	YES	804	
11	0.810	140	113.4	7.5	7.90	30.7	YES	930	
12	0.810	140	113.4	7.5	7.89	30.7	YES	995	
13	0.800	140	112.0	7.1	7.88	31.3	YES	951	
14	0.790	140	110.6	7.0	7.84	31.1	YES	702	
15	0.770	140	107.8	6.8	7.79	30.7	YES	786	
16	0.800	140	112.0	6.6	7.76	30.9	YES	692	
17	0.770	140	107.8	6.7	7.72	30.2	YES	1,397	
18	0.750	140	105.0	7.1	7.71	29.2	YES	899	
19	0.760	140	106.4	7.3	7.87	30.6	YES	1,231	
20	0.780	140	109.2	6.9	7.98	32.8	YES	1,068	
21	0.760	140	106.4	7.4	8.07	32.7	YES	1,066	
22	0.740	140	103.6	7.8	8.11	32.3	YES	939	
23	0.800	140	112.0	8.0	8.15	32.5	YES	894	
24	0.770	140	107.8	8.1	8.19	32.5	YES	888	
25	0.840	140	117.6	8.2	8.19	32.6	YES	858	
26	0.810	140	113.4	8.9	8.04	29.5	YES	877	
27	0.790	140	110.6	9.1	8.02	28.6	YES	1,024	
28	0.860	140	120.4	9.4	7.93	27.4	YES	1,028	
29	0.760	140	106.4	9.7	7.83	25.7	YES	850	
30	0.740	140	103.6	9.9	7.80	25.0	YES	814	
31	0.740	140	103.6	10.0	7.78	24.7	YES	792	

* 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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OHA - Drinking Water Services - Surface Water Quality Data Form
Slow Sand, Membrane, Diatomaceous Earth Filtration, or Unfiltered Systems

County : **Lane**
 Month/Year : **JAN / 2024**

System Name: **Cottage Grove, City of** ID # : **4100236** WTP - : **WTP - B**

Date	12 AM [NTU]	4 AM [NTU]	8 AM [NTU]	NOON [NTU]	4 PM [NTU]	8 PM [NTU]	Highest Reading of the day ¹ [NTU]
1	OFF	OFF	0.014	0.015	0.013	OFF	0.015
2	OFF	OFF	0.014	0.013	0.013	OFF	0.015
3	OFF	OFF	0.013	0.014	0.014	OFF	0.015
4	OFF	OFF	0.012	0.013	0.014	OFF	0.015
5	OFF	OFF	0.014	0.012	0.014	OFF	0.014
6	OFF	OFF	0.018	0.014	0.013	OFF	0.018
7	OFF	OFF	0.013	0.015	0.014	OFF	0.015
8	OFF	OFF	0.014	0.013	0.014	OFF	0.015
9	OFF	OFF	0.014	0.013	0.015	OFF	0.015
10	OFF	OFF	0.013	0.014	0.015	OFF	0.015
11	OFF	OFF	0.017	0.015	0.014	OFF	0.017
12	OFF	OFF	0.017	0.014	0.015	OFF	0.017
13	OFF	OFF	0.015	0.016	0.014	OFF	0.017
14	OFF	OFF	0.013	0.013	0.013	OFF	0.014
15	OFF	OFF	0.013	0.013	0.013	OFF	0.015
16	OFF	OFF	0.014	0.013	0.014	OFF	0.015
17	OFF	OFF	0.014	0.013	0.013	OFF	0.015
18	OFF	OFF	0.015	0.014	0.013	OFF	0.015
19	OFF	OFF	0.014	0.014	0.015	0.015	0.015
20	0.014	OFF	0.014	0.012	0.013	OFF	0.018
21	OFF	OFF	0.014	0.014	0.016	0.014	0.017
22	OFF	OFF	OFF	0.013	0.015	OFF	0.016
23	OFF	OFF	0.018	0.014	0.014	OFF	0.018
24	OFF	OFF	0.014	0.016	0.014	OFF	0.016
25	OFF	OFF	0.014	0.014	0.014	OFF	0.016
26	OFF	OFF	0.014	0.012	0.015	OFF	0.015
27	OFF	OFF	0.013	0.014	0.014	OFF	0.014
28	OFF	OFF	0.013	0.013	0.013	OFF	0.014
29	OFF	OFF	0.016	0.014	0.014	OFF	0.016
30	OFF	OFF	0.015	0.014	0.013	OFF	0.015
31	OFF	OFF	0.014	0.016	0.013	OFF	0.016

Slow Sand / <u>Membrane</u> / DE Filtration / Unfiltered		Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings ≤ 1 NTU? ² <input checked="" type="checkbox"/> Yes / No	CT's met everyday? (see back) <input checked="" type="checkbox"/> Yes / No	All Cl ₂ residual at entry point ≥ 0.2 mg/l? <input checked="" type="checkbox"/> Yes / No	
All daily turbidity readings ≤ 5 NTU? <input checked="" type="checkbox"/> Yes / No			
Notes: 93/93 = 100%		PRINTED NAME: Ryan Kimball	
		SIGNATURE: 	DATE: Feb. 1, 2024
		PHONE #: (541) 942 - 3349	CERT #: T-882889

¹ Including continuous NTU data, if applicable, for optimization recording purposes. Compliance values in columns 12 AM through 8 PM may not correspond to continuous readings' maximum. ² Filtered systems only.

OHA - Drinking Water Services - Surface Water Quality Data Form

OHA - Drinking Water Services - Surface Water Quality Data Form				WTP- :	WTP - B
System Name: Cottage Grove, City of		ID # : 4100236	Month/Year: JAN / 2024	Disinfection <i>Giardia</i> Log Inactivation:	0.5

Date	Time	Minimum Cl ₂ Residual at 1st User (C) ³	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? ³	Peak Hourly ⁴ Demand Flow (Maximum Allowable Equals 3850 GPM)
		[ppm or mg/L]	[minutes]	C X T	[° C]		formula	Yes / No	[GPM]
1	1000	0.76	140	106	8.5	8.09	31	Yes	883
2	1800	0.74	140	104	8.2	8.10	31	Yes	827
3	1700	0.78	140	109	8.3	8.10	31	Yes	808
4	0900	0.80	140	112	8.0	8.10	32	Yes	1118
5	1100	0.81	140	113	8.2	7.95	30	Yes	822
6	1000	0.70	140	98	7.9	7.95	30	Yes	920
7	1000	0.81	140	113	7.8	7.94	30	Yes	989
8	1800	0.81	140	113	7.7	7.93	31	Yes	772
9	1800	0.77	140	108	7.6	7.90	30	Yes	799
10	1800	0.79	140	111	7.5	7.89	30	Yes	804
11	1700	0.81	140	113	7.5	7.90	31	Yes	930
12	1000	0.81	140	113	7.5	7.89	31	Yes	995
13	1000	0.80	140	112	7.1	7.88	31	Yes	951
14	1000	0.79	140	111	7.0	7.84	31	Yes	702
15	1000	0.77	140	108	6.8	7.79	31	Yes	786
16	2000	0.80	140	112	6.6	7.76	31	Yes	692
17	0800	0.77	140	108	6.7	7.72	30	Yes	1397
18	2100	0.75	140	105	7.1	7.71	29	Yes	899
19	1100	0.76	140	106	7.3	7.87	31	Yes	1231
20	1200	0.78	140	109	6.9	7.98	33	Yes	1068
21	1000	0.76	140	106	7.4	8.07	33	Yes	1066
22	1000	0.74	140	104	7.8	8.11	32	Yes	939
23	1800	0.80	140	112	8.0	8.15	32	Yes	894
24	1000	0.77	140	108	8.1	8.19	33	Yes	888
25	1900	0.84	140	118	8.2	8.19	33	Yes	858
26	1200	0.81	140	113	8.9	8.04	29	Yes	877
27	1000	0.79	140	111	9.1	8.02	29	Yes	1024
28	1000	0.86	140	120	9.4	7.93	27	Yes	1028
29	1000	0.76	140	106	9.7	7.83	26	Yes	850
30	1000	0.74	140	104	9.9	7.80	25	Yes	814
31	0600	0.74	140	104	10.0	7.78	25	Yes	792

³ If Cl₂ at entry point < 0.2 mg/l or CT not met, DWS to be notified by end of next business day. "CUSTOM FORM REV OCTOBER 2017"

⁴ If the Peak Hourly Demand Flow exceeds the Maximum Allowable GPM approved value a new Tracer Study is required to be completed.

NOTES: An OHA / DWS Circuit Rider Program approved Tracer Study was completed August 3, 2017 by HECO Engineering.

A Maximum Allowable Peak Hourly Demand Flow of 3500 GPM x 110% = 3850 GPM was approved as a result of the Tracer Study.