

# OHA - DWS

## Membrane Filter Monthly Operating Report

System Name: **ROW RIVER WTP**

County: **LANE**

PWS ID#: 41 - **00236**

Month/Year: **Mar-2024**

Plant ID: WTP - **B** (e.g., "A")

Minimum test pressure applied || req'd: 27.39 psi || 27.0 psi

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	0.015		0.015	0.04	4.96	Y
2	0.015		0.015	0.03	5.08	Y
3	0.015		0.015	0.04	5.01	Y
4	0.015		0.015	0.03	5.02	Y
5	0.015		0.015	0.03	5.10	Y
6	0.015		0.015	0.03	5.03	Y
7	0.015		0.015	0.03	5.07	Y
8	0.015		0.015	0.03	5.02	Y
9	0.015		0.015	0.04	5.02	Y
10	0.015		0.015	0.04	5.10	Y
11	0.015		0.015	0.04	5.18	Y
12	0.016		0.016	0.04	5.12	Y
13	0.015		0.015	0.04	5.11	Y
14	0.015		0.015	0.04	5.04	Y
15	0.014		0.014	0.04	5.08	Y
16	0.020		0.020	0.03	5.09	Y
17	0.015		0.015	0.03	5.14	Y
18	0.018		0.018	0.03	5.14	Y
19	0.020		0.020	0.03	5.08	Y
20	0.016		0.016	0.03	5.08	Y
21	0.014		0.014	0.03	5.07	Y
22	0.016		0.016	0.04	5.13	Y
23	0.015		0.015	0.04	5.09	Y
24	0.014		0.014	0.04	5.09	Y
25	0.014		0.014	0.04	5.10	Y
26	0.014		0.014	0.03	5.13	Y
27	0.015		0.015	0.03	5.16	Y
28	0.014		0.014	0.04	4.98	Y
29	0.015		0.015	0.04	5.01	Y
30	0.014		0.014	0.04	5.02	Y
31	0.018		0.018	0.04	5.00	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?
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: **4/1/2024**

SIGNATURE: *Ryan Kimball*

WT CERT #: **T-882889**

Notes: Updated PDR

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

\* Used for optimization purposes only.



**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	0.720	140	100.8	9.2	7.74	25.6	YES	849	
2	0.720	140	100.8	8.8	7.70	25.8	YES	936	
3	0.710	140	99.4	8.7	7.68	25.8	YES	957	
4	0.720	140	100.8	8.5	7.65	25.9	YES	832	
5	0.710	140	99.4	8.5	7.62	25.7	YES	830	
6	0.740	140	103.6	8.2	7.68	26.8	YES	856	
7	0.740	140	103.6	8.3	7.92	29.1	YES	865	
8	0.740	140	103.6	8.3	8.04	30.3	YES	853	
9	0.740	140	103.6	8.5	7.88	28.3	YES	971	
10	0.760	140	106.4	8.6	7.90	28.3	YES	909	
11	0.780	140	109.2	8.7	7.93	28.6	YES	854	
12	0.760	140	106.4	8.7	7.94	28.5	YES	858	
13	0.760	140	106.4	8.7	7.98	29.0	YES	865	
14	0.760	140	106.4	8.7	8.00	29.1	YES	823	
15	0.730	140	102.2	8.9	7.99	28.6	YES	886	
16	0.730	140	102.2	9.0	7.97	28.2	YES	998	
17	0.750	140	105.0	9.3	7.96	27.6	YES	998	
18	0.760	140	106.4	9.5	7.96	27.3	YES	896	
19	0.750	140	105.0	9.7	7.95	26.7	YES	905	
20	0.750	140	105.0	9.8	7.98	26.8	YES	858	
21	0.750	140	105.0	9.9	7.98	26.7	YES	860	
22	0.730	140	102.2	9.9	7.97	26.5	YES	1,304	
23	0.750	140	105.0	9.6	7.93	26.7	YES	942	
24	0.750	140	105.0	9.5	7.95	27.0	YES	994	
25	0.760	140	106.4	9.6	7.96	27.1	YES	915	
26	0.720	140	100.8	9.6	7.95	26.8	YES	843	
27	0.760	140	106.4	9.8	7.94	26.5	YES	897	
28	0.760	140	106.4	9.7	7.91	26.4	YES	857	
29	0.750	140	105.0	9.5	7.93	26.9	YES	894	
30	0.750	140	105.0	9.3	7.94	27.4	YES	964	
31	0.790	140	110.6	9.7	7.93	26.7	YES	956	

\* 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