OHA - DWS

Membrane Filter Monthly Operating Report

County: **Lincoln**

System Name: **Riverbend - Hiland**

Month/Year: **Oct-2025**

PWS ID#: 41 - **00601**

Minimum test pressure **applied**: **22.76** psi

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

Minimum test pressure **req'd**: **22** 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$_{Max}$ [$^{psi}/_{min}$]	LRC [log removal]	DIT Daily
				0.150	4.00	
Day	CFE Daily Turbidity [NTU]	Highest CFE♣ [NTU]	Highest IFE [NTU] (>15 minutes)	Highest PDR of day [$^{psi}/_{min}$]	Lowest LRV$_{ambient}$ of day [log removal]	[Y/N] or "off"
1	0.021		0.021	>0.145		Y
2	0.021		0.021	>0.145		Y
3	0.021		0.021	>0.145		Y
4	0.021		0.021	>0.145		Y
5	0.021		0.021	>0.145		Y
6	0.021		0.021	>0.145		Y
7	0.021		0.021	>0.145		Y
8	0.021		0.021	>0.145		Y
9	0.021		0.021	>0.145		Y
10	0.021		0.021	>0.145		Y
11	0.021		0.021	>0.145		Y
12	0.021		0.021	>0.145		Y
13	0.021		0.021	>0.145		Y
14	0.021		0.021	>0.145		Y
15	0.021		0.021	>0.145		Y
16	0.021		0.021	>0.145		Y
17	0.021		0.021	>0.145		Y
18	0.021		0.021	>0.145		Y
19	0.021		0.021	>0.145		Y
20	0.021		0.021	>0.145		Y
21	0.021		0.021	>0.145		Y
22	0.021		0.021	>0.145		Y
23	0.021		0.021	>0.145		Y
24	0.021		0.021	>0.145		Y
25	0.021		0.021	>0.145		Y
26	0.021		0.021	>0.145		Y
27	0.021		0.021	>0.145		Y
28	0.021		0.021	>0.145		Y
29	0.021		0.021	>0.145		Y
30	0.021		0.021	>0.145		Y
31	0.021		0.021	>0.145		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**	

PRINTED NAME: Curtis Olson

SIGNATURE: *Curtis Olson*

Notes:

DATE: 11/10/2025

WT CERT #: 216644

PHONE #: 503-554-8333

Revised 10/1/2024

♣ *Used for optimization purposes only.*

OHA-DWS

Disinfection Monthly Operating Report

System Name: **Riverbend - Hiland**

PWS ID#: 41 - **00601**

Plant ID : WTP -

0.5 ⇦ Log Inactivation Required via Disinfection

Day	Minimum Cl_2 Residual at 1st 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	0.736	53	39.0	14.0	6.74	12.8	YES	35	
2	0.769	53	40.8	13.2	6.69	13.4	YES	35	
3	0.750	53	39.8	12.8	6.66	13.5	YES	35	
4	1.125	53	59.6	13.0	6.70	14.1	YES	35	
5	1.268	53	67.2	13.3	6.72	14.1	YES	35	
6	1.236	53	65.5	13.1	6.76	14.5	YES	35	
7	1.114	53	59.0	12.7	6.64	14.1	YES	35	
8	1.336	53	70.8	13.2	6.72	14.4	YES	35	
9	1.096	53	58.1	12.6	6.73	14.6	YES	35	
10	0.954	53	50.6	12.8	6.70	14.1	YES	35	
11	0.951	53	50.4	12.6	6.70	14.2	YES	35	
12	0.634	53	33.6	12.6	6.76	14.1	YES	35	
13	0.564	53	29.9	12.7	6.71	13.6	YES	35	
14	0.644	53	34.1	12.6	6.77	14.1	YES	35	
15	0.585	53	31.0	12.4	6.68	14.2	YES	35	
16	0.605	53	32.1	12.7	6.78	14.0	YES	35	
17	0.532	53	28.2	12.6	6.80	14.1	YES	35	
18	1.154	53	61.2	12.6	6.75	14.9	YES	35	
19	1.577	53	83.6	12.6	6.74	15.5	YES	35	
20	1.503	53	79.7	12.3	6.81	16.4	YES	35	
21	1.201	53	63.7	12.5	6.79	15.7	YES	35	
22	1.014	53	53.7	12.6	6.79	14.9	YES	35	
23	0.950	53	50.4	12.3	6.79	15.4	YES	35	
24	0.677	53	35.9	12.3	6.79	14.9	YES	35	
25	0.975	53	51.7	12.5	6.79	15.3	YES	35	
26	1.201	53	63.7	12.6	6.79	15.2	YES	35	
27	1.140	53	60.4	12.3	6.80	15.8	YES	35	
28	0.680	53	36.0	12.0	6.75	15.1	YES	35	
29	0.745	53	39.5	11.7	6.75	15.5	YES	35	
30	0.986	53	52.3	11.7	6.77	15.9	YES	35	
31	1.288	53	68.3	12.1	6.84	16.5	YES	35	

♦ 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

Revised 7/31/2023