

OHA - DWS

Membrane Filter Monthly Operating Report


County: **Lincoln**

System Name: **Riverbend**

Month/Year: **Feb-2026**

PWS ID#: 41 - **00601**

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


Plant ID: WTP -  (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

Day	CFE Daily Turbidity [NTU]	Highest CFE* [NTU]	Highest IFE [NTU] (>15 minutes)	PDR _{Max} [^{psi} / _{min}]	LRC [log removal]	DIT Daily
					4.00	
				Highest PDR of day [^{psi} / _{min}]	Lowest LRV _{ambient} of day [log removal]	[Y/N] or "off"
1	0.119		0.119	<0.099		Y
2	0.131		0.131	<0.099		Y
3	0.079		0.079	<0.099		Y
4	0.113		0.113	<0.099		Y
5	0.108		0.108	<0.099		Y
6	0.113		0.113	<0.099		Y
7	0.086		0.086	<0.099		Y
8	0.119		0.119	<0.099		Y
9	0.113		0.113	<0.099		Y
10	0.119		0.119	<0.099		Y
11	0.108		0.108	<0.099		Y
12	0.086		0.086	<0.099		Y
13	0.096		0.096	<0.099		Y
14	0.090		0.090	<0.099		Y
15	0.090		0.090	<0.099		Y
16	0.119		0.119	<0.099		Y
17	0.100		0.100	<0.099		Y
18	0.080		0.080	<0.099		Y
19	0.108		0.108	<0.099		Y
20	0.112		0.112	<0.099		Y
21	0.108		0.108	<0.099		Y
22	0.127		0.127	<0.099		Y
23	0.086		0.086	<0.099		Y
24	0.112		0.112	<0.099		Y
25	0.142		0.142	<0.099		Y
26	0.078		0.078	<0.099		Y
27	0.121		0.121	<0.099		Y
28	0.086		0.086	<0.099		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 _{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 **DATE:** 03/07/2026
SIGNATURE: *Curtis Olson* **WT CERT #:** 216644
Notes: **PHONE #:** 503-554-8333

♣ Used for optimization purposes only.

OHA-DWS

Disinfection Monthly Operating Report

System Name: **Riverbend**

PWS ID#: 41 - **00601**

Plant ID : WTP - _____

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	1.224	53	64.9	9.9	6.88	19.1	YES	35	
2	1.135	53	60.2	10.2	6.87	18.5	YES	35	
3	0.651	53	34.5	9.7	6.83	17.9	YES	35	
4	0.606	53	32.1	9.6	6.88	18.2	YES	35	
5	0.646	53	34.2	9.8	6.92	18.2	YES	35	
6	0.556	53	29.5	10.7	6.92	17.1	YES	35	
7	0.813	53	43.1	10.2	6.88	17.9	YES	35	
8	0.762	53	40.4	10.0	6.89	18.1	YES	35	
9	0.838	53	44.4	11.0	6.91	17.3	YES	35	
10	0.720	53	38.2	10.3	6.91	17.8	YES	35	
11	0.594	53	31.5	9.8	6.85	17.7	YES	35	
12	0.560	53	29.7	9.8	6.89	17.9	YES	35	
13	0.463	53	24.5	9.8	6.87	17.6	YES	35	
14	0.551	53	29.2	9.9	6.87	17.6	YES	35	
15	0.518	53	27.5	9.8	6.88	17.7	YES	35	
16	0.500	53	26.5	10.0	6.91	17.7	YES	35	
17	0.522	53	27.7	9.7	6.86	17.7	YES	35	
18	0.471	53	25.0	9.7	6.88	17.8	YES	35	
19	1.042	53	55.2	9.5	6.98	19.8	YES	35	
20	0.917	53	48.6	9.5	6.94	19.4	YES	35	
21	0.935	53	49.6	9.6	6.91	19.1	YES	35	
22	0.938	53	49.7	9.8	6.90	18.7	YES	35	
23	0.619	53	32.8	9.7	6.88	18.1	YES	35	
24	0.579	53	30.7	9.5	6.86	18.1	YES	35	
25	0.809	53	42.9	9.7	6.89	18.5	YES	35	
26	0.817	53	43.3	9.5	6.89	18.8	YES	35	
27	0.969	53	51.4	9.9	6.86	18.4	YES	35	
28	0.814	53	43.1	9.7	6.91	18.7	YES	35	
29									
30									
31									

♦ 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