OHA - DWS

Membrane Filter Monthly Operating Report

County: **Lane**

System Name: **Row River Valley Water Distric**

Month/Year: **Jul-2025**

PWS ID#: 41 - **01515**

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

Minimum test pressure **applied**: **12.82** psi

Minimum test pressure **req'd**: **11.4** 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]
2.000	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]	DIT Daily [Y/N] or "off"
1	0.030	0.030	0.030	0.608	4.50	Y
2	0.030	0.030	0.030	0.597	4.53	Y
3	0.030	0.030	0.030	0.597	4.52	Y
4	0.030	0.030	0.030	0.629	4.47	Y
5	0.030	0.030	0.030	0.618	4.35	Y
6	0.030	0.030	0.030	0.618	4.49	Y
7	0.030	0.030	0.030	0.597	4.45	Y
8	0.030	0.030	0.030	0.608	4.47	Y
9	0.030	0.030	0.030	0.586	4.48	Y
10	0.030	0.030	0.030	0.608	4.44	Y
11	0.030	0.030	0.030	0.608	4.41	Y
12	0.030	0.030	0.030	0.618	4.45	Y
13	0.030	0.030	0.030	0.629	4.42	Y
14	0.030	0.030	0.030	0.897	4.43	Y
15	0.030	0.030	0.030	0.597	4.44	Y
16	0.030	0.030	0.030	0.618	4.43	Y
17	0.030	0.030	0.030	0.618	4.45	Y
18	0.030	0.030	0.030	0.586	4.44	Y
19	0.030	0.030	0.030	0.608	4.43	Y
20	0.030	0.030	0.030	0.608	4.44	Y
21	0.030	0.030	0.030	0.608	4.43	Y
22	0.030	0.030	0.030	0.608	4.40	Y
23	0.030	0.030	0.030	0.597	4.39	Y
24	0.030	0.030	0.030	0.586	4.33	Y
25	0.030	0.030	0.030	0.586	4.32	Y
26	0.030	0.030	0.030	0.589	4.35	Y
27	0.030	0.030	0.030	0.597	4.34	Y
28	0.030	0.030	0.030	0.597	4.31	Y
29	0.030	0.030	0.030	0.608	4.30	Y
30	0.030	0.030	0.030	0.608	4.29	Y
31	0.030	0.030	0.030	0.597	4.32	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: James D Eckstine **DATE:** 8/2/2025

SIGNATURE: **WT CERT #:** T-08619

Notes: **PHONE #:** 5419461655

♣ *Used for optimization purposes only.*

Revised 10/1/2024

OHA-DWS

Disinfection Monthly Operating Report

System Name: **Row River Valley Water Distric**

PWS ID#: 41 - **01515**

Plant ID : WTP - **N/A**

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	1.100	1185	1303.5	19.0	7.40	12.2	YES	270	
2	1.070	1185	1268.0	19.0	7.42	12.3	YES	270	
3	1.030	1185	1220.6	19.0	7.41	12.2	YES	270	
4	1.000	1185	1185.0	18.0	7.42	13.0	YES	270	
5	1.100	1185	1303.5	18.0	7.44	13.3	YES	270	
6	1.180	1185	1398.3	17.0	7.46	14.4	YES	270	
7	1.170	1185	1386.5	18.0	7.45	13.4	YES	270	
8	1.100	1185	1303.5	17.0	7.46	14.3	YES	270	
9	1.080	1185	1279.8	18.0	7.45	13.3	YES	270	
10	1.110	1185	1315.4	18.0	7.46	13.4	YES	270	
11	1.120	1185	1327.2	18.0	7.44	13.3	YES	270	
12	1.200	1185	1422.0	19.0	7.44	12.6	YES	270	
13	1.190	1185	1410.2	20.0	7.41	11.6	YES	270	
14	1.210	1185	1433.9	19.0	7.45	12.6	YES	270	
15	1.100	1185	1303.5	20.0	7.47	11.7	YES	270	
16	1.130	1185	1339.1	20.0	7.48	11.8	YES	270	
17	1.150	1185	1362.8	21.0	7.45	11.0	YES	270	
18	1.010	1185	1196.9	22.0	7.46	10.1	YES	270	
19	1.190	1185	1410.2	21.0	7.44	11.0	YES	270	
20	1.100	1185	1303.5	20.0	7.43	11.6	YES	270	
21	1.110	1185	1315.4	20.0	7.46	11.7	YES	270	
22	1.210	1185	1433.9	18.0	7.46	13.5	YES	270	
23	1.230	1185	1457.6	18.0	7.43	13.4	YES	290	
24	1.260	1185	1493.1	20.0	7.45	11.9	YES	290	
25	1.300	1185	1540.5	19.0	7.42	12.6	YES	310	
26	1.290	1185	1528.7	19.0	7.46	12.8	YES	310	
27	1.300	1185	1540.5	19.0	7.50	13.0	YES	310	
28	1.280	1185	1516.8	19.0	7.52	13.1	YES	310	
29	1.250	1185	1481.3	20.0	7.48	12.0	YES	310	
30	1.040	1185	1232.4	20.0	7.44	11.5	YES	310	
31	0.990	1185	1173.2	20.0	7.45	11.5	YES	310	

♦ 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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