OHA - DWS

Membrane Filter Monthly Operating Report

System Name: **Row River Valley Water Distric**
PWS ID#: 41 - **01515**
Plant ID: WTP - **N/A** *(e.g., "A")*

County: **Lane**
Month/Year: **Nov-2025**
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]	DIT Daily
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]	[Y/N] or "off"
1	0.040	0.040	0.040	0.640	4.48	Y
2	0.040	0.040	0.040	0.629	4.47	Y
3	0.030	0.040	0.040	0.640	4.42	Y
4	0.040	0.040	0.040	0.662	4.46	Y
5	0.040	0.040	0.040	0.664	4.42	Y
6	0.030	0.030	0.030	0.618	4.47	Y
7	0.040	0.040	0.040	0.618	4.46	Y
8	0.040	0.040	0.040	0.618	4.42	Y
9	0.040	0.040	0.040	0.629	4.46	Y
10	0.040	0.040	0.040	0.651	4.40	Y
11	0.040	0.040	0.040	0.651	4.42	Y
12	0.040	0.040	0.040	0.629	4.46	Y
13	0.040	0.040	0.040	0.629	4.44	Y
14	0.040	0.040	0.040	0.629	4.42	Y
15	0.040	0.040	0.040	0.629	4.43	Y
16	0.040	0.040	0.040	0.673	4.42	Y
17	0.040	0.040	0.040	0.673	4.45	Y
18	0.040	0.040	0.040	0.629	4.42	Y
19	0.040	0.040	0.040	0.673	4.45	Y
20	0.040	0.040	0.040	0.684	4.46	Y
21	0.040	0.040	0.040	0.647	4.44	Y
22	0.040	0.040	0.040	0.651	4.46	Y
23	0.040	0.040	0.040	0.694	4.45	Y
24	0.040	0.040	0.040	0.694	4.44	Y
25	0.040	0.040	0.040	0.694	4.45	Y
26	0.040	0.040	0.040	0.694	4.42	Y
27	0.040	0.040	0.040	0.684	4.46	Y
28	0.040	0.040	0.040	0.673	4.47	Y
29	0.040	0.040	0.040	0.673	4.48	Y
30	0.040	0.040	0.040	0.694	4.49	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
SIGNATURE: James D. Eckstine
Notes:

DATE: 12/3/2025
WT CERT #: T-08619
PHONE #: 5419461655

Revised 10/1/2024

♣ *Used for optimization purposes only.*

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	0.750	1185	888.8	11.0	7.42	20.3	YES	250	
2	0.840	1185	995.4	11.0	7.45	20.8	YES	250	
3	0.890	1185	1054.7	10.0	7.46	22.4	YES	250	
4	0.990	1185	1173.2	11.0	7.44	21.0	YES	250	
5	1.050	1185	1244.3	11.0	7.42	21.0	YES	250	
6	1.190	1185	1410.2	11.0	7.40	21.2	YES	250	
7	1.080	1185	1279.8	11.0	7.43	21.2	YES	250	
8	0.950	1185	1125.8	10.0	7.49	22.8	YES	250	
9	0.900	1185	1066.5	9.0	7.46	23.9	YES	250	
10	0.980	1185	1161.3	10.0	7.45	22.5	YES	250	
11	1.230	1185	1457.6	10.0	7.43	23.0	YES	250	
12	1.450	1185	1718.3	11.0	7.40	21.9	YES	250	
13	1.300	1185	1540.5	11.0	7.40	21.5	YES	250	
14	1.070	1185	1268.0	11.0	7.39	20.9	YES	250	
15	1.010	1185	1196.9	10.0	7.39	22.1	YES	250	
16	0.920	1185	1090.2	10.0	7.38	21.8	YES	250	
17	0.860	1185	1019.1	10.0	7.42	22.0	YES	250	
18	1.010	1185	1196.9	10.0	7.45	22.6	YES	250	
19	0.850	1185	1007.3	9.0	7.43	23.6	YES	250	
20	1.100	1185	1303.5	8.0	7.44	26.0	YES	250	
21	1.180	1185	1398.3	7.0	7.45	28.2	YES	250	
22	1.240	1185	1469.4	6.0	7.37	29.5	YES	250	
23	1.200	1185	1422.0	8.0	7.47	26.6	YES	250	
24	1.180	1185	1398.3	8.0	7.48	26.6	YES	250	
25	1.100	1185	1303.5	8.0	7.47	26.3	YES	250	
26	1.080	1185	1279.8	8.0	7.43	25.9	YES	250	
27	1.370	1185	1623.5	9.0	7.45	25.2	YES	250	
28	1.400	1185	1659.0	9.0	7.40	24.8	YES	250	
29	1.340	1185	1587.9	9.0	7.40	24.6	YES	250	
30	1.370	1185	1623.5	8.0	7.38	26.3	YES	250	
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♦ 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