

OHA - Drinking Water Services - Surface Water Quality Data Form
Slow Sand, Membrane, Diatomaceous Earth Filtration, or Unfiltered Systems

County: **Lane**
 Month/Year: **Feb-22**

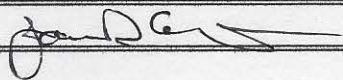
System Name: **Row River Water District** ID#: **41 01515** WTP: **TP - A**

Day	12 AM [NTU]	4 AM [NTU]	8 AM [NTU]	NOON [NTU]	4 PM [NTU]	8 PM [NTU]	Highest Reading of the day ¹ [NTU]
1	0.03	0.03	0.03	0.03	0.03	0.03	0.03
2	0.03	0.03	0.03	0.03	0.03	0.03	0.03
3	0.03	0.03	0.03	0.03	0.03	0.03	0.03
4	0.03	0.03	0.03	0.03	0.03	0.03	0.03
5	0.03	0.03	0.03	0.03	0.03	0.03	0.03
6	0.03	0.03	0.03	0.03	0.03	0.03	0.03
7	0.03	0.03	0.03	0.03	0.03	0.03	0.03
8	0.03	0.03	0.03	0.03	0.03	0.03	0.03
9	0.03	0.03	0.03	0.03	0.03	0.03	0.03
10	0.03	0.03	0.03	0.03	0.03	0.03	0.03
11	0.03	0.03	0.03	0.03	0.03	0.03	0.03
12	0.03	0.03	0.03	0.03	0.03	0.03	0.03
13	0.03	0.03	0.03	0.03	0.03	0.03	0.03
14	0.03	0.03	0.03	0.03	0.03	0.03	0.03
15	0.03	0.03	0.03	0.03	0.03	0.03	0.03
16	0.03	0.03	0.03	0.03	0.03	0.03	0.03
17	0.03	0.03	0.03	0.03	0.03	0.03	0.03
18	0.03	0.03	0.03	0.03	0.03	0.03	0.03
19	0.03	0.03	0.03	0.03	0.03	0.03	0.03
20	0.03	0.03	0.03	0.03	0.03	0.03	0.03
21	0.03	0.03	0.03	0.03	0.03	0.03	0.03
22	0.03	0.03	0.03	0.03	0.03	0.03	0.03
23	0.03	0.03	0.03	0.03	0.03	0.03	0.03
24	0.03	0.03	0.03	0.03	0.03	0.03	0.03
25	0.03	0.03	0.03	0.03	0.03	0.03	0.03
26	0.03	0.03	0.03	0.03	0.03	0.03	0.03
27	0.03	0.03	0.03	0.03	0.03	0.03	0.03
28	0.03	0.03	0.03	0.03	0.03	0.03	0.03

Slow Sand/Membrane/DE Filtration/Unfiltered		Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings \leq 1 NTU? ²	Yes / No	CT's met everyday? (see back)	All Cl2 residual at entry point \geq 0.2 mg/l?
All daily turbidity readings \leq 5 NTU?	Yes / No	Yes / No	Yes / No

Notes:

James Eckstine

SIGNATURE:  3/7/2022

541-946-1655 T08619

¹ Including continuous NTU data, if applicable, for optimization recording purposes. Compliance values in columns 12 AM through 8 PM may not correspond to continuous readings' maximum. ² Filtered systems only.

OHA - Drinking Water Services - Surface Water Quality Data Form

WTP- : A

System Name: Row River Water Dis ID#: 41 01515 Month/Year: 22-Feb

Disinfection *Giardia* Log Inactiv: 1.0

Date / Time	Minimum Cl ₂ Residual at 1st User (C) ³	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? ³	Peak Hourly Demand Flow
	[ppm or mg/l]	[minutes]	C X T	[° C]		formula	Yes / No	[GPM]
1	1.47	1185	1742.0	6.0	7.44	62.1	Yes	245
2	1.49	1185	1765.7	6.0	7.47	63.0	Yes	245
3	1.5	1185	1777.5	5.0	7.47	67.5	Yes	245
4	1.47	1185	1742.0	5.0	7.49	67.7	Yes	245
5	1.49	1185	1765.7	6.0	7.50	63.6	Yes	245
6	1.46	1185	1730.1	5.0	7.48	67.4	Yes	245
7	1.47	1185	1742.0	66.0	7.49	0.5	Yes	245
8	1.37	1185	1623.5	6.0	7.46	61.9	Yes	245
9	1.38	1185	1635.3	6.0	7.45	61.7	Yes	245
10	1.4	1185	1659.0	6.0	7.46	62.1	Yes	245
11	1.38	1185	1635.3	6.0	7.48	62.4	Yes	245
12	1.36	1185	1611.6	7.0	7.46	57.7	Yes	245
13	1.35	1185	1599.8	7.0	7.44	57.3	Yes	245
14	1.33	1185	1576.1	7.0	7.42	56.7	Yes	245
15	1.35	1185	1599.8	6.0	7.45	61.5	Yes	245
16	1.37	1185	1623.5	6.0	7.51	63.0	Yes	245
17	1.38	1185	1635.3	6.0	7.49	62.6	Yes	245
18	1.44	1185	1706.4	6.0	7.48	62.8	Yes	245
19	1.47	1185	1742.0	6.0	7.51	63.7	Yes	245
20	1.46	1185	1730.1	6.0	7.50	63.4	Yes	245
21	1.42	1185	1682.7	6.0	7.46	62.2	Yes	245
22	1.46	1185	1730.1	5.0	7.47	67.2	Yes	245
23	1.49	1185	1765.7	5.0	7.46	67.2	Yes	245
24	1.52	1185	1801.2	4.0	7.49	73.0	Yes	245
25	1.53	1185	1813.1	4.0	7.46	72.3	Yes	245
26	1.52	1185	1801.2	4.0	7.51	73.5	Yes	245
27	1.54	1185	1824.9	4.0	7.40	70.8	Yes	245
28	1.55	1185	1836.8	5.0	7.52	69.1	Yes	245
29								
30								
31								

³ If Cl₂ at entry point < 0.2 mg/l or CT not met, notify DWS within 24 hours.

Revised July 2018

Return by 10th of following month by email, fax, or mail to:
 dwp.dmce@state.or.us; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350