

OHA – Drinking Water Program – Surface Water Quality Data Form

System Name: **JEFFERSON, City of** ID#: **OR 4100408** WTP: **WTP-A**

August/2021

required Log

Inactivation: 1

Date / Time	Minimum Cl ₂ Residual at 1 st 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]		Use Tables	Yes / No	[GPM]
1/0945	0.8	227	182	20.0	7.0	18	Yes	803
2/0935	0.8	336	269	20.0	7.0	18	Yes	519
3/0915	0.8	336	269	20.0	7.0	18	Yes	519
4/0955	0.8	336	269	20.0	7.0	18	Yes	519
5/0950	0.8	253	203	20.0	7.1	22	Yes	709
6/1000	0.8	310	248	20.0	7.1	22	Yes	567
7/0915	0.8	366	293	20.0	7.1	22	Yes	472
8/0905	0.8	366	293	20.0	7.1	22	Yes	472
9/0910	0.8	270	216	20.0	7.0	18	Yes	661
10/1045	0.8	270	216	19.0	7.0	24	Yes	661
11/1000	0.8	310	248	19.0	7.0	24	Yes	567
12/0955	0.8	310	248	20.0	7.0	18	Yes	567
13/1030	0.8	253	203	20.0	7.0	18	Yes	709
14/1030	0.8	253	203	20.0	6.9	18	Yes	709
15/1055	0.7	336	235	20.0	6.9	18	Yes	519
16/0910	0.7	288	202	21.0	7.0	18	Yes	614
17/1105	0.8	366	293	21.0	7.0	18	Yes	472
18/0930	0.8	366	293	21.0	6.9	18	Yes	472
19/0920	0.8	336	269	20.0	7.0	18	Yes	519
20/0955	0.8	253	203	20.0	7.0	18	Yes	709
21/0908	0.8	336	269	20.0	7.0	18	Yes	519
22/0900	0.8	451	361	20.0	7.0	18	Yes	378
23/0955	0.8	67	53	19.0	7.0	24	Yes	4112
24/0950	0.8	310	248	18.0	7.0	24	Yes	567
25/1030	0.8	404	323	19.0	7.0	24	Yes	425
26/0930	0.8	366	293	19.0	7.0	24	Yes	472
27/1000	0.8	404	323	19.0	7.0	24	Yes	425
28/0850	0.8	404	323	19.0	7.0	24	Yes	425
29/0850	0.8	288	230	19.0	7.0	24	Yes	614
30/0920	0.8	227	182	18.0	7.0	24	Yes	803
31/1030	0.9	153	138	19	7.0	24	Yes	1276

³ If Cl₂ at entry point < 0.2 mg/l, or CT not met, notify DWP by end of next business day.

Download form at :