

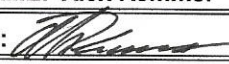
**OHA - Drinking Water Services - Surface Water Quality Data Form**  
**Slow Sand, Membrane, Diatomaceous Earth Filtration, or Unfiltered Systems**

County: **Marion**  
 Month/Year: **Jun-23**

System Name: **JEFFERSON, City of** ID#: **41 00408** WTP : **TP - WTP-A**

Day	12 AM [NTU]	4 AM [NTU]	8 AM [NTU]	NOON [NTU]	4 PM [NTU]	8 PM [NTU]	Highest Reading of the day <sup>1</sup> [NTU]
1	Off	Off	0.01	0.01	0.01	Off	0.01
2	Off	Off	0.01	0.01	0.01	Off	0.01
3	Off	Off	0.01	0.01	0.01	Off	0.01
4	Off	Off	0.01	0.01	0.01	Off	0.01
5	Off	0.01	0.01	0.01	Off	Off	0.01
6	Off	Off	0.01	0.01	0.01	Off	0.01
7	Off	Off	0.01	0.01	0.01	Off	0.01
8	Off	Off	0.01	0.01	Off	Off	0.01
9	Off	0.02	0.02	0.02	Off	Off	0.02
10	Off	Off	0.02	0.02	0.02	Off	0.02
11	Off	Off	0.02	0.02	Off	Off	0.02
12	Off	0.02	0.01	0.01	Off	Off	0.02
13	Off	0.01	0.01	0.01	Off	Off	0.01
14	Off	Off	0.01	0.01	0.01	Off	0.01
15	Off	Off	0.01	0.01	0.01	Off	0.01
16	Off	Off	0.01	0.01	0.01	Off	0.01
17	Off	Off	0.01	0.01	0.01	Off	0.01
18	Off	Off	0.01	0.01	Off	Off	0.01
19	Off	Off	0.01	0.01	Off	Off	0.01
20	Off	Off	0.01	0.01	Off	Off	0.01
21	Off	Off	0.01	0.01	0.01	Off	0.01
22	Off	Off	0.01	0.01	Off	Off	0.01
23	Off	0.01	0.01	0.01	Off	Off	0.01
24	Off	Off	0.01	0.01	0.01	Off	0.01
25	Off	Off	0.01	0.02	0.02	Off	0.02
26	Off	0.02	0.02	0.02	0.02	Off	0.02
27	Off	Off	0.01	0.01	Off	Off	0.01
28	Off	0.01	0.01	0.01	Off	Off	0.01
29	Off	0.01	0.01	0.01	Off	Off	0.01
30	Off	0.01	0.01	0.01	0.01	Off	0.01
31							

<b>Slow Sand/Membrane/DE Filtration/Unfiltered</b>		<b>Monthly Summary (Answer Yes or No)</b>	
95% of daily turbidity readings ≤ 1 NTU? <sup>2</sup>	<input checked="" type="radio"/> Yes / <input type="radio"/> No	CT's met everyday? (see back)	<input type="radio"/> Yes / <input type="radio"/> No
All daily turbidity readings ≤ 5 NTU?	<input type="radio"/> Yes / <input type="radio"/> No	All Cl <sub>2</sub> residual at entry point ≥ 0.2 mg/l?	<input type="radio"/> Yes / <input type="radio"/> No

<b>Notes:</b>	<b>PRINTED NAME: Alex Kemmer</b>	
	<b>SIGNATURE:</b> 	<b>DATE:</b> 07/05/2023
	<b>PHONE #: (541) 327-1135</b>	<b>CERT #: T-478768</b>

<sup>1</sup> 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. <sup>2</sup> Filtered systems only.

OHA - Drinking Water Services - Surface Water Quality Data Form

WTP- : WTP-A

System Name: JEFFERSON, City of ID#: 41-00408

June 2023

Disinfection *Giardia* Log

Inactiv:

0.5

Date / Time	Minimum Cl <sub>2</sub> Residual at 1st User (C) <sup>3</sup>	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? <sup>3</sup>	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	C X T	[° C]		formula	Yes / No	[GPM]
1	1	35.1	35.1	14.8	7.07	14.2	Yes	700
2	0.98	35.1	34.4	15.4	7.02	13.3	Yes	700
3	1.04	35.1	36.5	16.0	7.13	13.4	Yes	700
4	1.01	35.1	35.5	16.1	7.15	13.4	Yes	700
5	0.99	35.1	34.7	16.1	7.01	12.7	Yes	700
6	1	35.1	35.1	16.8	7.01	12.1	Yes	700
7	1.01	35.1	35.5	17.1	7.02	11.9	Yes	800
8	1	35.1	35.1	17.1	7.03	12.0	Yes	800
9	0.98	35.1	34.4	16.7	7.04	12.3	Yes	800
10	1.03	35.1	36.2	16.5	7.05	12.6	Yes	800
11	1.02	35.1	35.8	17.3	7.07	12.0	Yes	800
12	1	35.1	35.1	17.5	7.00	11.5	Yes	700
13	0.99	35.1	34.7	17.6	6.91	11.0	Yes	800
14	1	35.1	35.1	16.9	7.08	12.4	Yes	800
15	1.03	35.1	36.2	16.5	7.09	12.8	Yes	800
16	1.01	35.1	35.5	17.1	7.04	12.0	Yes	800
17	1.08	35.1	37.9	18.0	7.08	11.6	Yes	800
18	1.03	35.1	36.2	15.7	7.08	13.4	Yes	700
19	1.04	35.1	36.5	15.5	7.10	13.7	Yes	700
20	1.02	35.1	35.8	14.5	7.03	14.3	Yes	700
21	1.02	35.1	35.8	14.8	7.05	14.1	Yes	800
22	0.98	35.1	34.4	16.5	7.01	12.3	Yes	800
23	0.97	35.1	34.0	17.3	6.96	11.5	Yes	800
24	1.01	35.1	35.5	17.8	7.13	11.9	Yes	800
25	1.01	35.1	35.5	18.2	7.03	11.1	Yes	800
26	1.01	35.1	35.5	18.7	7.10	11.0	Yes	800
27	1.01	35.1	35.5	17.7	7.00	11.4	Yes	800
28	1.02	35.1	35.8	18.0	7.02	11.2	Yes	800
29	1	35.1	35.1	18.5	6.98	10.7	Yes	800
30	0.99	35.1	34.7	18.6	7.00	10.7	Yes	800
31		35.1					Yes	700

<sup>3</sup> If Cl<sub>2</sub> 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