


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

County: Marion  
 Month/Year: Jul-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	0.01	0.01
5	Off	Off	0.01	0.01	0.01	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	0.01	Off	0.01
9	Off	Off	0.01	0.01	0.01	Off	0.01
10	Off	Off	0.01	0.01	0.01	Off	0.01
11	Off	Off	0.01	0.01	0.01	Off	0.01
12	Off	Off	0.01	0.01	0.01	Off	0.01
13	Off	0.02	0.01	0.01	Off	Off	0.02
14	Off	0.01	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	0.01	Off	0.01
19	Off	Off	0.01	0.01	0.01	Off	0.01
20	Off	Off	0.01	0.01	0.01	Off	0.01
21	Off	Off	0.01	0.01	0.01	Off	0.01
22	Off	Off	0.02	0.02	0.02	Off	0.02
23	Off	Off	0.02	0.02	0.02	Off	0.02
24	Off	Off	0.02	0.02	0.02	Off	0.02
25	Off	Off	0.02	0.02	Off	Off	0.02
26	Off	Off	0.02	0.02	0.02	Off	0.02
27	Off	Off	0.02	0.02	Off	Off	0.02
28	Off	Off	0.02	0.02	0.02	Off	0.02
29	Off	Off	0.02	0.02	0.02	Off	0.02
30	Off	Off	0.02	0.02	Off	Off	0.02
31	Off	Off	0.02	0.02	0.02	Off	0.02

<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 type="radio"/> Yes / <input type="radio"/> No	CT's met everyday? (see back)	All Cl <sub>2</sub> residual at entry point ≥ 0.2 mg/l?
All daily turbidity readings ≤ 5 NTU?	<input type="radio"/> Yes / <input type="radio"/> No	<input type="radio"/> Yes / <input type="radio"/> No	<input type="radio"/> Yes / <input type="radio"/> No

<b>Notes:</b>	<b>PRINTED NAME:</b> Alex Kemmer	
	<b>SIGNATURE:</b> 	<b>DATE:</b> 07/01/2023
	<b>PHONE #:</b> (541) 327-1135	<b>CERT #:</b> T-478768

<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

July 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]	<b>C X T</b>	[° C]		formula	Yes / No	[GPM]
1	1	35.1	35.1	18.7	7.05	10.8	Yes	800
2	1	35.1	35.1	18.2	7.05	11.2	Yes	800
3	1	35.1	35.1	18.3	7.04	11.1	Yes	800
4	0.97	35.1	34.0	19.1	7.10	10.7	Yes	800
5	1	35.1	35.1	19.6	7.06	10.2	Yes	800
6	1.02	35.1	35.8	19.3	7.00	10.2	Yes	800
7	1	35.1	35.1	19.0	7.06	10.6	Yes	800
8	1.01	35.1	35.5	18.0	7.00	11.1	Yes	700
9	1.03	35.1	36.2	17.9	6.98	11.2	Yes	700
10	1.01	35.1	35.5	18.6	7.04	10.9	Yes	700
11	1.03	35.1	36.2	17.5	6.99	11.5	Yes	700
12	1	35.1	35.1	18.3	7.02	11.0	Yes	800
13	0.98	35.1	34.4	19.0	7.01	10.4	Yes	800
14	0.98	35.1	34.4	19.0	7.05	10.6	Yes	800
15	1.03	35.1	36.2	19.6	7.06	10.3	Yes	800
16	1.01	35.1	35.5	20.6	7.15	9.9	Yes	800
17	1.14	35.1	40.0	19.6	7.00	10.2	Yes	800
18	1.05	35.1	36.9	18.7	7.06	10.9	Yes	800
19	1.08	35.1	37.9	19.5	7.10	10.5	Yes	800
20	1.08	35.1	37.9	19.3	7.05	10.5	Yes	800
21	1.02	35.1	35.8	20.1	7.09	10.0	Yes	800
22	1.05	35.1	36.9	20.0	7.06	10.0	Yes	800
23	1.06	35.1	37.2	20.6	7.14	9.9	Yes	800
24	1.03	35.1	36.2	20.3	7.12	10.0	Yes	800
25	1.1	35.1	38.6	19.1	7.01	10.5	Yes	800
26	1.08	35.1	37.9	18.7	7.00	10.7	Yes	800
27	1.06	35.1	37.2	19.2	7.06	10.6	Yes	800
28	1.05	35.1	36.9	19.4	7.15	10.8	Yes	800
29	1.1	35.1	38.6	18.2	7.18	11.9	Yes	800
30	1.1	35.1	38.6	18.7	7.21	11.6	Yes	800
31	1.12	35.1	39.3	18.0	7.02	11.4	Yes	800

<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