

OHA - DWS

Membrane Filter Monthly Operating Report

County: **Marion**

System Name: **City of Jefferson**

Month/Year: **Aug-2023**

PWS ID#: 41 - **00408**

Minimum test pressure applied || req'd: 25 psi || 15 ps

Plant ID: WTP - **A** (e.g., "A")

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]

0.140

4.00

**DIT
Daily**

Day	CFE Daily Turbidity [NTU]	Highest CFE* [NTU]	Highest IFE [NTU] (>15 min duration)	Highest PDR of day [^{psi} /min]	Lowest LRV _{ambient} of day [log removal]	[Y/N] or "off"
1	0.017	0.024	0.015	0.04	4.79	Y
2	0.017	0.02	0.016	0.03	4.80	Y
3	0.018	0.782	0.019	0.03	4.81	Y
4	0.018	0.615	0.017	0.03	4.87	Y
5	0.018	0.047	0.015	0.03	4.89	Y
6	0.018	0.031	0.015	0.03	4.86	Y
7	0.018	0.024	0.016	0.03	4.87	Y
8	0.019	0.083	0.015	0.03	4.89	Y
9	0.019	0.024	0.016	0.04	4.79	Y
10	0.017	0.027	0.015	0.03	4.83	Y
11	0.016	0.02	0.015	0.03	4.79	Y
12	0.016	0.024	0.015	0.03	4.87	Y
13	0.016	0.018	0.016	0.03	4.83	Y
14	0.016	0.034	0.017	0.03	4.91	Y
15	0.016	0.02	0.018	0.04	4.73	Y
16	0.016	0.026	0.018	0.03	4.83	Y
17	0.017	0.019	0.020	0.03	4.90	Y
18	0.013	0.044	0.018	0.03	4.80	Y
19	0.013	0.022	0.018	0.03	4.91	Y
20	0.013	0.024	0.018	0.04	4.69	Y
21	0.013	0.022	0.018	0.04	4.80	Y
22	0.013	0.015	0.020	0.03	4.79	Y
23	0.013	0.013	0.018	0.03	4.77	Y
24	0.013	0.013	0.018	0.03	4.78	Y
25	0.013	0.028	0.018	0.04	4.76	Y
26	0.013	0.055	0.018	0.04	4.73	Y
27	0.013	0.014	0.018	0.04	4.74	Y
28	0.013	0.041	0.019	0.03	4.81	Y
29	0.013	0.021	0.019	0.03	4.80	Y
30	0.013	0.041	0.019	0.03	4.83	Y
31	0.013	0.024	0.019	0.04	4.76	Y

Compliance summary (operator to complete any blank fields)

95% of daily turbidity readings ≤ 1 NTU? [Y/N] Y	All turbidity readings ≤ 5 NTU? [Y/N] Y	All IFE turbidity readings ≤ 0.15 NTU? [Y/N] Y	Performance std met? [Y/N] (PDR ≤ PDR _{Max} , LRV ≥ LRC) Y	DIT Daily? Yes
CT's met daily? (p. 2) Y	All Cl ₂ residual at EP ≥ 0.2 mg/L? Y	PDR ≤ PDR _{Max} ? Y	LRV _{ambient} ≥ LRC? Y	

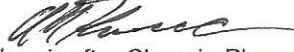
PRINTED NAME:

Alex Kemmer

DATE:

9/6/2023

SIGNATURE:



WT CERT #:

T-478768

Notes: Highest CFE due to air after Clean in Place

PHONE #:

541-327-1135

Disinfection Monthly Operating Report

System Name: **City of Jefferson WTP** Date: 08/2023

PWS ID#: 41 - **00408**

0.5	↳ Log Inactivation Required via Disinfection
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Plant ID : WTP - **A**

Day	Minimum Cl ₂ Residual at 1 st 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	1.080	35.1	37.9	18.8	7.04	10.8	YES	800	
2	1.070	35.1	37.6	18.9	7.04	10.7	YES	800	
3	1.060	35.1	37.2	19.5	7.13	10.6	YES	800	
4	1.050	35.1	36.9	19.8	7.07	10.2	YES	800	
5	1.090	35.1	38.3	18.3	7.00	11.0	YES	800	
6	1.110	35.1	39.0	18.0	7.02	11.4	YES	800	
7	1.100	35.1	38.6	18.0	7.02	11.3	YES	800	
8	1.070	35.1	37.6	18.3	7.02	11.1	YES	800	
9	0.970	35.1	34.0	17.3	7.11	12.1	YES	800	
10	1.020	35.1	35.8	18.0	7.07	11.5	YES	800	
11	1.060	35.1	37.2	17.5	7.07	11.9	YES	800	
12	1.070	35.1	37.6	17.7	7.08	11.8	YES	800	
13	1.060	35.1	37.2	18.5	7.16	11.5	YES	800	
14	1.040	35.1	36.5	19.1	7.02	10.5	YES	800	
15	1.020	35.1	35.8	18.3	7.12	11.4	YES	800	
16	1.060	35.1	37.2	18.1	7.10	11.6	YES	800	
17	1.060	35.1	37.2	18.5	7.07	11.1	YES	800	
18	1.040	35.1	36.5	17.0	7.15	12.7	YES	800	
19	1.050	35.1	36.9	16.4	7.25	13.7	YES	800	
20	1.040	35.1	36.5	16.7	7.32	13.8	YES	800	
21	1.040	35.1	36.5	15.5	7.07	13.6	YES	800	
22	1.040	35.1	36.5	15.5	7.15	14.0	YES	800	
23	0.990	35.1	34.7	15.9	7.21	13.8	YES	800	
24	1.020	35.1	35.8	15.8	7.16	13.7	YES	800	
25	1.040	35.1	36.5	16.3	7.01	12.6	YES	800	
26	1.040	35.1	36.5	16.0	7.11	13.3	YES	800	
27	1.060	35.1	37.2	15.4	7.13	14.0	YES	800	
28	1.050	35.1	36.9	15.7	7.10	13.6	YES	800	
29	1.040	35.1	36.5	14.9	7.09	14.2	YES	800	
30	1.070	35.1	37.6	14.9	7.05	14.1	YES	800	
31	1.060	35.1	37.2	15.8	7.08	13.4	YES	800	

* 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