

# OHA - DWS

## Membrane Filter Monthly Operating Report

County: **Marion**

System Name: **City of Jefferson WTP**

Month/Year: **Oct-2023**

PWS ID#: 41 - **00408**

Minimum test pressure applied || req'd:

25 psi || 15 psi

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<sub>Max</sub> [<sup>psi</sup>/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 [ <sup>psi</sup> /min]	Lowest LRV <sub>ambient</sub> of day [log removal]	[Y/N] or "off"
1	0.015	0.017	0.016	0.03	4.73	Y
2	0.016	0.02	0.016	0.03	4.76	Y
3	0.016	0.024	0.016	0.03	4.81	Y
4	0.012	0.829	0.014	0.04	4.72	Y
5	0.013	0.827	0.015	0.04	4.71	Y
6	0.013	0.107	0.015	0.04	4.80	Y
7	0.013	0.023	0.015	0.03	4.78	Y
8	0.013	0.031	0.015	0.03	4.76	Y
9	0.013	0.017	0.015	0.04	4.73	Y
10	0.013	0.021	0.015	0.03	4.81	Y
11	0.013	0.03	0.015	0.04	4.71	Y
12	0.014	0.016	0.016	0.04	4.67	Y
13	0.013	0.206	0.014	0.04	4.71	Y
14	0.013	0.129	0.015	0.04	4.76	Y
15	0.013	0.027	0.015	0.04	4.76	Y
16	0.013	0.02	0.015	0.04	4.74	Y
17	0.013	0.015	0.015	0.04	4.72	Y
18	0.013	0.027	0.015	0.03	4.75	Y
19	0.013	0.019	0.015	0.03	4.78	Y
20	0.013	0.027	0.016	0.04	4.77	Y
21	0.014	0.064	0.016	0.04	4.76	Y
22	0.014	0.019	0.016	0.04	4.72	Y
23	0.014	0.035	0.016	0.03	4.74	Y
24	0.015	0.024	0.016	0.03	4.77	Y
25	0.015	0.027	0.016	0.04	4.73	Y
26	0.015	0.017	0.017	0.04	4.68	Y
27	0.015	0.036	0.017	0.04	4.67	Y
28	0.015	0.051	0.017	0.04	4.78	Y
29	0.016	0.022	0.017	0.04	4.68	Y
30	0.016	0.019	0.016	0.04	4.72	Y
31	0.016	0.022	0.017	0.04	4.68	Y

**Compliance summary (operator to complete any blank fields)**

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

**PRINTED NAME:** Alex Kemmer      **DATE:** 11/06/2023  
**SIGNATURE:**      **WT CERT #:** T-478768  
**Notes:** High CFE due to air intrapment from Clean in Place, Air Scrubs      **PHONE #:** 541-327-1135

♣ Used for optimization purposes only.



**Disinfection Monthly Operating Report**

System Name: **City of Jefferson WTP**

PWS ID#: 41 - **00408**

Month/Year: **10/2023**

**0.5**

↩ Log Inactivation Required via Disinfection

Plant ID : WTP - **A**

Day	Minimum Cl <sub>2</sub> Residual at 1 <sup>st</sup> 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	1.030	35.1	36.2	14.3	7.06	14.6	YES	700	
2	1.030	35.1	36.2	14.3	7.08	14.8	YES	700	
3	1.010	35.1	35.5	14.5	7.13	14.8	YES	700	
4	1.020	35.1	35.8	15.0	7.16	14.5	YES	700	
5	1.000	35.1	35.1	15.3	7.15	14.1	YES	700	
6	1.020	35.1	35.8	15.6	7.05	13.4	YES	700	
7	1.000	35.1	35.1	15.9	7.15	13.6	YES	700	
8	1.030	35.1	36.2	15.0	7.05	13.9	YES	700	
9	1.010	35.1	35.5	15.1	7.06	13.8	YES	700	
10	1.030	35.1	36.2	14.2	7.05	14.7	YES	700	
11	1.030	35.1	36.2	14.4	7.09	14.7	YES	700	
12	0.970	35.1	34.0	14.0	7.03	14.7	YES	700	
13	1.020	35.1	35.8	14.1	7.00	14.5	YES	700	
14	0.990	35.1	34.7	14.1	7.13	15.2	YES	700	
15	0.980	35.1	34.4	14.9	7.22	14.8	YES	700	
16	0.960	35.1	33.7	15.2	7.11	13.9	YES	700	
17	0.960	35.1	33.7	14.8	7.07	14.1	YES	700	
18	0.970	35.1	34.0	14.7	7.12	14.5	YES	700	
19	1.010	35.1	35.5	14.4	7.04	14.4	YES	700	
20	1.020	35.1	35.8	14.7	7.03	14.1	YES	700	
21	1.000	35.1	35.1	15.2	7.13	14.1	YES	700	
22	1.020	35.1	35.8	15.0	7.06	14.0	YES	700	
23	1.020	35.1	35.8	14.9	7.10	14.3	YES	700	
24	1.050	35.1	36.9	14.3	7.13	15.1	YES	700	
25	1.050	35.1	36.9	13.4	7.14	16.1	YES	700	
26	1.020	35.1	35.8	12.0	7.14	17.8	YES	700	
27	0.950	35.1	33.3	12.0	7.08	17.3	YES	700	
28	1.050	35.1	36.9	10.9	7.14	19.2	YES	700	
29	1.040	35.1	36.5	10.5	7.12	19.6	YES	700	
30	0.990	35.1	34.7	10.6	7.09	19.1	YES	700	
31	0.950	35.1	33.3	10.7	7.20	19.7	YES	700	

\* 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 10<sup>th</sup> of following month by**

mail: Drinking Water Services  
 PO Box 14350  
 Portland, OR 97293-0350  
 email: [dwp.dmce@odhsoha.oregon.gov](mailto:dwp.dmce@odhsoha.oregon.gov)  
 fax: 971-673-0458