

# OHA - DWS

## Membrane Filter Monthly Operating Report

County: **Marion**

System Name: **City of Jefferson WTP**

Month/Year: **Nov-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

Day	CFE Daily Turbidity [NTU]	Highest CFE* [NTU]	Highest IFE [NTU] (>15 min duration)	PDR <sub>Max</sub> [ <sup>psi</sup> / <sub>min</sub> ]	LRC [log removal]	DIT Daily
				0.140	4.00	
				Highest PDR of day [ <sup>psi</sup> / <sub>min</sub> ]	Lowest LRV <sub>ambient</sub> of day [log removal]	[Y/N] or "off"
1	0.017	0.02	0.018	0.03	4.73	Y
2	0.018	0.995	0.019	0.04	4.79	Y
3	0.020	0.724	0.020	0.04	4.69	Y
4	0.014	0.203	0.013	0.04	4.76	Y
5	0.014	0.074	0.013	0.04	4.75	Y
6	0.014	0.028	0.013	0.04	4.73	Y
7	0.014	0.023	0.013	0.04	4.76	Y
8	0.014	0.105	0.013	0.04	4.72	Y
9	0.014	0.137	0.013	0.04	4.77	Y
10	0.014	0.187	0.013	0.04	4.74	Y
11	0.014	0.07	0.014	0.03	4.74	Y
12	0.014	0.027	0.013	0.04	4.78	Y
13	0.014	0.018	0.013	0.04	4.73	Y
14	0.014	0.019	0.013	0.04	4.75	Y
15	0.014	0.016	0.013	0.04	4.71	Y
16	0.014	0.016	0.013	0.03	4.76	Y
17	0.014	0.023	0.013	0.04	4.76	Y
18	0.014	0.093	0.013	0.04	4.70	Y
19	0.014	0.026	0.014	0.04	4.66	Y
20	0.014	0.018	0.014	0.04	4.70	Y
21	0.014	0.016	0.014	0.04	4.66	Y
22	0.014	0.044	0.014	0.03	4.74	Y
23	0.014	0.016	0.014	0.04	4.70	Y
24	0.014	0.017	0.014	0.04	4.65	Y
25	0.014	0.032	0.014	0.04	4.67	Y
26	0.014	0.032	0.015	0.04	4.67	Y
27	0.014	0.018	0.015	0.04	4.65	Y
28	0.014	0.016	0.015	0.04	4.67	Y
29	0.014	0.017	0.015	0.04	4.67	Y
30	0.014	1	0.015	0.04	4.66	Y
31						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: 12/4/2023  
 SIGNATURE:  WT CERT #: T-478768  
 Notes: High CFE due to air intrapment after Start Up, CIP, EFM, Back Wash, IT's 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: **Nov-23**

**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	0.930	35.1	32.6	11.3	7.28	19.4	YES	700	
2	0.990	35.1	34.7	12.7	7.13	16.6	YES	700	
3	0.980	35.1	34.4	13.5	7.11	15.6	YES	700	
4	0.980	35.1	34.4	14.0	7.06	14.9	YES	700	
5	0.880	35.1	30.9	12.7	7.06	16.0	YES	700	
6	1.030	35.1	36.2	12.3	6.90	16.1	YES	700	
7	0.860	35.1	30.2	12.4	6.89	15.7	YES	700	
8	0.970	35.1	34.0	11.3	6.87	16.9	YES	700	
9	1.020	35.1	35.8	10.8	6.85	17.4	YES	700	
10	1.020	35.1	35.8	10.8	6.95	18.0	YES	700	
11	1.010	35.1	35.5	11.4	7.00	17.6	YES	700	
12	1.020	35.1	35.8	11.4	7.03	17.8	YES	700	
13	1.050	35.1	36.9	11.6	7.00	17.5	YES	700	
14	0.950	35.1	33.3	10.6	7.00	18.5	YES	700	
15	0.980	35.1	34.4	11.3	7.02	17.8	YES	700	
16	1.030	35.1	36.2	11.0	6.96	17.9	YES	700	
17	1.000	35.1	35.1	11.4	7.08	18.1	YES	700	
18	1.020	35.1	35.8	10.5	7.06	19.1	YES	700	
19	0.990	35.1	34.7	10.6	7.06	18.9	YES	700	
20	1.000	35.1	35.1	10.1	7.09	19.8	YES	700	
21	1.030	35.1	36.2	9.6	7.10	20.6	YES	700	
22	0.980	35.1	34.4	10.4	7.07	19.2	YES	700	
23	1.030	35.1	36.2	10.1	7.10	19.9	YES	700	
24	1.000	35.1	35.1	10.1	7.18	20.4	YES	700	
25	1.020	35.1	35.8	8.9	7.13	21.7	YES	700	
26	1.020	35.1	35.8	8.6	7.15	22.3	YES	700	
27	1.020	35.1	35.8	7.8	7.14	23.5	YES	700	
28	1.020	35.1	35.8	7.4	7.12	23.9	YES	700	
29	1.000	35.1	35.1	7.1	7.14	24.5	YES	700	
30	1.050	35.1	36.9	8.0	6.75	20.3	YES	700	
31		35.1					YES		

\* 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