

# OHA - DWS

## Membrane Filter Monthly Operating Report

County: **Marion**

System Name: **City of Jefferson WTP**

Month/Year: **Jan-2024**

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	0.016	0.032	0.017	0.04	4.67	Y
2	0.016	0.02	0.017	0.03	4.73	Y
3	0.013	0.054	0.013	0.04	4.68	Y
4	0.013	0.567	0.014	0.04	4.61	Y
5	0.014	0.077	0.014	0.04	4.66	Y
6	0.014	0.477	0.014	0.04	4.70	Y
7	0.013	0.144	0.013	0.04	4.67	Y
8	0.013	0.056	0.013	0.04	4.71	Y
9	0.013	0.044	0.013	0.04	4.68	Y
10	0.013	0.031	0.013	0.05	4.61	Y
11	0.013	0.895	0.014	0.04	4.64	Y
12	0.013	0.191	0.013	0.04	4.69	Y
13	0.014	1	0.015	0.04	4.27	Y
14	0.013	0.037	0.014	0.04	4.64	Y
15	0.013	0.044	0.014	0.04	4.66	Y
16	0.013	0.024	0.013	0.04	4.65	Y
17	0.013	0.038	0.014	0.04	4.66	Y
18	0.013	0.087	0.014	0.05	4.58	Y
19	0.013	0.031	0.014	0.04	4.64	Y
20	0.013	0.02	0.014	0.04	4.66	Y
21	0.013	0.051	0.014	0.04	4.68	Y
22	0.013	0.035	0.014	0.04	4.68	Y
23	0.013	0.112	0.014	0.04	4.66	Y
24	0.013	0.035	0.014	0.04	4.67	Y
25	0.013	0.052	0.014	0.04	4.66	Y
26	0.013	0.028	0.014	0.04	4.66	Y
27	0.013	0.024	0.013	0.04	4.62	Y
28	0.013	0.053	0.013	0.04	4.66	Y
29	0.013	1	0.013	0.04	4.64	Y
30	0.014	0.398	0.015	0.04	4.67	Y
31	0.014	0.347	0.015	0.04	4.68	Y

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

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

PRINTED NAME: **Alex Kemmer**      DATE: **2/5/2024**  
 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: **Jan-24**

**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	0.980	35.1	34.4	7.9	7.09	22.8	YES	700	
2	0.960	35.1	33.7	8.0	7.12	22.8	YES	700	
3	0.960	35.1	33.7	7.7	7.06	22.8	YES	700	
4	0.900	35.1	31.6	8.5	7.13	22.0	YES	700	
5	1.020	35.1	35.8	8.4	7.12	22.4	YES	700	
6	0.970	35.1	34.0	7.6	7.10	23.3	YES	700	
7	1.030	35.1	36.2	7.1	7.08	24.1	YES	700	
8	0.970	35.1	34.0	7.5	7.04	23.0	YES	700	
9	0.970	35.1	34.0	7.5	7.03	22.9	YES	700	
10	0.930	35.1	32.6	7.4	6.96	22.4	YES	700	
11	0.940	35.1	33.0	7.1	6.90	22.4	YES	700	
12	0.960	35.1	33.7	7.4	6.90	22.0	YES	700	
13	0.920	35.1	32.3	5.9	6.93	24.4	YES	700	
14	1.040	35.1	36.5	4.6	6.94	27.1	YES	700	
15	1.010	35.1	35.5	4.9	6.98	26.9	YES	700	
16	1.010	35.1	35.5	4.7	6.96	27.1	YES	700	
17	0.950	35.1	33.3	5.4	7.07	26.7	YES	700	
18	0.900	35.1	31.6	6.3	7.05	24.8	YES	700	
19	0.900	35.1	31.6	6.5	6.80	22.4	YES	700	
20	0.970	35.1	34.0	6.2	6.97	24.4	YES	700	
21	0.950	35.1	33.3	7.1	6.90	22.4	YES	700	
22	0.940	35.1	33.0	7.6	6.88	21.5	YES	700	
23	0.940	35.1	33.0	7.7	6.88	21.4	YES	700	
24	0.930	35.1	32.6	7.7	6.92	21.6	YES	800	
25	0.960	35.1	33.7	7.7	6.89	21.5	YES	700	
26	0.940	35.1	33.0	7.7	6.92	21.7	YES	700	
27	0.930	35.1	32.6	8.2	6.90	20.8	YES	700	
28	0.900	35.1	31.6	8.7	6.83	19.6	YES	700	
29	0.930	35.1	32.6	9.6	6.81	18.4	YES	700	
30	0.930	35.1	32.6	9.7	6.85	18.5	YES	700	
31	0.940	35.1	33.0	8.5	6.99	21.1	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