

OHA - DWS

Membrane Filter Monthly Operating Report

County: **Marion**

System Name: **City of Jefferson WTP**

Month/Year: **Feb-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_{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	0.013	0.058	0.014	0.04	4.66	Y
2	0.014	0.052	0.014	0.04	4.60	Y
3	0.013	0.023	0.014	0.04	4.60	Y
4	0.013	0.091	0.014	0.04	4.70	Y
5	0.014	0.478	0.014	0.04	4.70	Y
6	0.014	0.547	0.014	0.04	4.68	Y
7	0.013	0.103	0.014	0.04	4.67	Y
8	0.013	0.036	0.014	0.04	4.66	Y
9	0.013	0.027	0.014	0.04	4.67	Y
10	0.014	0.023	0.014	0.04	4.63	Y
11	0.014	0.049	0.014	0.04	4.68	Y
12	0.014	0.348	0.014	0.04	4.64	Y
13	0.014	0.102	0.014	0.04	4.65	Y
14	0.014	0.1	0.014	0.04	4.69	Y
15	0.014	0.024	0.014	0.04	4.68	Y
16	0.014	0.053	0.014	0.04	4.66	Y
17	0.014	0.018	0.014	0.04	4.66	Y
18	0.014	0.027	0.014	0.04	4.70	Y
19	0.014	0.028	0.014	0.04	4.66	Y
20	0.015	0.024	0.014	0.04	4.67	Y
21	0.015	0.113	0.014	0.04	4.66	Y
22	0.016	0.101	0.014	0.04	4.65	Y
23	0.017	0.042	0.014	0.04	4.65	Y
24	0.018	0.023	0.014	0.03	4.71	Y
25	0.018	0.035	0.014	0.04	4.70	Y
26	0.012	0.031	0.014	0.03	4.71	Y
27	0.012	0.017	0.014	0.05	4.59	Y
28	0.012	0.023	0.014	0.04	4.60	Y
29	0.012	1	0.016	0.04	4.67	Y
30						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 _{Max} , LRV ≥ LRC)	DIT Daily?
Y	Y	Y	Y	Yes
CT's met daily? (p. 2)	All Cl ₂ residual at EP ≥ 0.2 mg/L?	PDR ≤ PDR _{Max} ?	LRV _{ambient} ≥ LRC?	
Y	Y	Y	Y	

PRINTED NAME: Alex Kemmer SIGNATURE:	DATE: 03/04/2024 WT CERT #: T-478768 PHONE #: 541-327-1135
Notes: High CFE due to air intrapment after Start Up, CIP, EFM, Back Wash, IT's	

♣ Used for optimization purposes only.

Disinfection Monthly Operating Report

System Name: **City of Jefferson WTP**

PWS ID#: 41 - **00408**

Month/Year: **Feb-24**

0.5

↩ Log Inactivation Required via Disinfection

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	0.910	35.1	31.9	8.0	7.05	22.2	YES	700	
2	0.910	35.1	31.9	7.7	7.08	22.8	YES	700	
3	0.970	35.1	34.0	7.4	7.10	23.6	YES	700	
4	0.970	35.1	34.0	7.0	7.02	23.6	YES	700	
5	0.950	35.1	33.3	7.2	7.08	23.7	YES	700	
6	0.940	35.1	33.0	7.7	6.99	22.2	YES	700	
7	0.920	35.1	32.3	7.7	7.04	22.5	YES	700	
8	0.930	35.1	32.6	7.6	7.01	22.5	YES	700	
9	0.910	35.1	31.9	7.2	7.03	23.2	YES	700	
10	0.930	35.1	32.6	7.3	7.04	23.2	YES	700	
11	0.930	35.1	32.6	7.5	7.05	23.0	YES	700	
12	0.920	35.1	32.3	8.3	7.05	21.8	YES	700	
13	1.020	35.1	35.8	7.3	7.06	23.6	YES	700	
14	0.990	35.1	34.7	6.8	7.06	24.3	YES	700	
15	0.920	35.1	32.3	7.2	7.07	23.6	YES	700	
16	0.820	35.1	28.8	7.7	7.05	22.4	YES	700	
17	1.140	35.1	40.0	7.3	7.00	23.4	YES	700	
18	1.000	35.1	35.1	7.5	7.07	23.3	YES	700	
19	0.930	35.1	32.6	7.6	7.16	23.7	YES	700	
20	0.980	35.1	34.4	8.5	7.05	21.6	YES	700	
21	0.920	35.1	32.3	9.1	7.06	20.7	YES	700	
22	0.930	35.1	32.6	9.4	7.09	20.5	YES	700	
23	0.840	35.1	29.5	9.1	7.06	20.5	YES	700	
24	0.770	35.1	27.0	8.7	7.07	21.0	YES	700	
25	1.390	35.1	48.8	8.5	7.09	23.0	YES	700	
26	1.000	35.1	35.1	8.7	7.18	22.4	YES	700	
27	1.000	35.1	35.1	7.8	7.09	23.0	YES	700	
28	1.000	35.1	35.1	8.0	7.13	23.0	YES	700	
29	0.950	35.1	33.3	8.2	7.08	22.2	YES	600	
30		35.1					YES		
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 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