

# OHA - DWS

## Membrane Filter Monthly Operating Report

County: **Marion**

System Name: **City of Jefferson WTP**

Month/Year: **Mar-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> / <sub>min</sub> ]	Lowest LRV <sub>ambient</sub> of day [log removal]	[Y/N] or "off"
1	0.014	0.432	0.016	0.05	4.56	Y
2	0.012	0.013	0.015	0.04	4.67	Y
3	0.012	0.013	0.014	0.04	4.67	Y
4	0.013	0.162	0.014	0.04	4.69	Y
5	0.013	0.086	0.014	0.04	4.70	Y
6	0.013	0.031	0.014	0.04	4.64	Y
7	0.013	0.067	0.014	0.04	4.68	Y
8	0.013	0.024	0.014	0.04	4.69	Y
9	0.013	0.18	0.014	0.04	4.69	Y
10	0.014	0.14	0.017	0.04	4.54	Y
11	0.013	0.101	0.015	0.04	4.67	Y
12	0.013	0.179	0.015	0.04	4.71	Y
13	0.013	0.085	0.015	0.04	4.70	Y
14	0.013	0.032	0.015	0.04	4.66	Y
15	0.013	0.024	0.015	0.04	4.65	Y
16	0.013	0.025	0.015	0.04	4.70	Y
17	0.013	0.024	0.015	0.04	4.67	Y
18	0.013	0.018	0.015	0.04	4.63	Y
19	0.014	0.043	0.015	0.03	4.72	Y
20	0.014	0.022	0.015	0.04	4.67	Y
21	0.015	0.063	0.015	0.04	4.65	Y
22	0.016	0.075	0.015	0.04	4.65	Y
23	0.017	0.042	0.015	0.04	4.68	Y
24	0.018	0.209	0.015	0.04	4.71	Y
25	0.014	0.024	0.015	0.04	4.65	Y
26	0.014	0.071	0.015	0.04	4.68	Y
27	0.014	0.023	0.015	0.04	4.64	Y
28	0.014	0.059	0.015	0.03	4.71	Y
29	0.014	0.026	0.015	0.04	4.72	Y
30	0.014	0.021	0.016	0.04	4.67	Y
31	0.014	0.037	0.016	0.04	4.67	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	

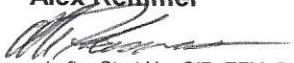
PRINTED NAME:

**Alex Kemmer**

DATE:

**4/1/2024**

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**

**Disinfection Monthly Operating Report**

System Name: **City of Jefferson WTP**

PWS ID#: 41 - **00408**

Month/Year: **Mar-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	0.990	35.1	34.7	8.0	6.87	21.0	YES	600	
2	1.000	35.1	35.1	7.1	6.92	22.7	YES	700	
3	1.040	35.1	36.5	7.2	6.99	23.2	YES	700	
4	0.980	35.1	34.4	6.0	6.98	24.9	YES	700	
5	1.000	35.1	35.1	6.6	6.90	23.3	YES	700	
6	0.990	35.1	34.7	7.0	6.92	22.8	YES	700	
7	1.020	35.1	35.8	6.9	6.97	23.5	YES	700	
8	1.000	35.1	35.1	7.0	7.02	23.7	YES	700	
9	1.000	35.1	35.1	7.5	7.06	23.2	YES	700	
10	0.970	35.1	34.0	7.9	7.14	23.2	YES	700	
11	1.000	35.1	35.1	7.9	7.13	23.2	YES	700	
12	0.990	35.1	34.7	8.0	7.02	22.1	YES	700	
13	0.910	35.1	31.9	7.9	7.03	22.2	YES	700	
14	1.060	35.1	37.2	7.4	7.07	23.6	YES	700	
15	0.980	35.1	34.4	8.1	7.05	22.2	YES	700	
16	0.990	35.1	34.7	8.7	7.04	21.3	YES	700	
17	1.000	35.1	35.1	8.9	7.03	21.0	YES	700	
18	0.990	35.1	34.7	9.3	7.07	20.7	YES	700	
19	0.970	35.1	34.0	9.6	6.98	19.6	YES	700	
20	1.000	35.1	35.1	9.9	7.04	19.7	YES	700	
21	0.960	35.1	33.7	10.2	7.17	20.1	YES	700	
22	0.990	35.1	34.7	9.7	7.04	19.9	YES	700	
23	0.980	35.1	34.4	8.8	7.12	21.7	YES	700	
24	0.990	35.1	34.7	8.5	7.09	21.9	YES	700	
25	0.960	35.1	33.7	8.4	7.17	22.6	YES	700	
26	0.940	35.1	33.0	8.6	7.24	22.8	YES	700	
27	0.960	35.1	33.7	8.4	7.08	21.9	YES	700	
28	0.960	35.1	33.7	7.9	7.03	22.3	YES	700	
29	0.940	35.1	33.0	7.9	7.00	22.0	YES	700	
30	0.990	35.1	34.7	9.0	7.17	21.8	YES	700	
31	0.960	35.1	33.7	9.7	7.22	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