

# OHA - DWS

## Membrane Filter Monthly Operating Report

County: **Marion**

System Name: **City of Jefferson WTP**

Month/Year: **Apr-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>/<sub>min</sub>]

LRC [log removal]

**0.140**

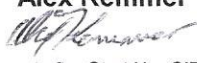
**4.00**

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	0.015	1	0.016	0.03	4.67	Y
2	0.015	0.659	0.016	0.04	4.64	Y
3	0.015	0.225	0.017	0.04	4.73	Y
4	0.014	1	0.017	0.04	4.68	Y
5	0.014	0.043	0.015	0.03	4.72	Y
6	0.014	0.032	0.015	0.04	4.70	Y
7	0.014	0.045	0.015	0.04	4.66	Y
8	0.014	0.02	0.015	0.04	4.66	Y
9	0.014	0.032	0.015	0.03	4.75	Y
10	0.014	0.045	0.015	0.04	4.69	Y
11	0.015	0.167	0.016	0.03	4.78	Y
12	0.015	0.078	0.015	0.04	4.68	Y
13	0.015	0.1	0.015	0.04	4.70	Y
14	0.014	0.033	0.015	0.04	4.69	Y
15	0.016	0.025	0.017	0.04	4.70	Y
16	0.014	0.029	0.016	0.04	4.70	Y
17	0.014	0.036	0.016	0.04	4.69	Y
18	0.014	0.037	0.017	0.03	4.71	Y
19	0.014	0.036	0.017	0.03	4.76	Y
20	0.015	0.028	0.017	0.04	4.67	Y
21	0.015	0.036	0.017	0.04	4.63	Y
22	0.015	0.037	0.017	0.04	4.62	Y
23	0.015	0.26	0.017	0.04	4.71	Y
24	0.016	0.083	0.018	0.04	4.67	Y
25	0.016	0.021	0.018	0.03	4.74	Y
26	0.017	0.02	0.017	0.04	4.69	Y
27	0.015	0.023	0.017	0.04	4.68	Y
28	0.019	0.53	0.017	0.03	4.69	Y
29	0.017	0.024	0.017	0.04	4.70	Y
30	0.015	0.306	0.017	0.03	4.71	Y
31						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:** 5/7/2024  
**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 WTPPWS ID#: 41 - 00408Month/Year: Apr-24

0.5
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 ↩ 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	0.950	35.1	33.3	10.3	7.17	20.0	YES		
2	0.880	35.1	30.9	11.3	7.34	19.7	YES		
3	0.950	35.1	33.3	10.9	7.19	19.3	YES		
4	0.960	35.1	33.7	9.9	7.22	20.9	YES		
5	0.910	35.1	31.9	9.1	7.23	22.0	YES		
6	0.920	35.1	32.3	8.4	7.15	22.4	YES		
7	0.900	35.1	31.6	8.9	7.23	22.2	YES		
8	1.000	35.1	35.1	9.5	7.24	21.7	YES		
9	0.900	35.1	31.6	9.9	7.18	20.4	YES		
10	0.990	35.1	34.7	10.1	7.16	20.2	YES		
11	0.980	35.1	34.4	10.4	7.20	20.1	YES		
12	0.950	35.1	33.3	10.6	7.22	19.9	YES		
13	0.950	35.1	33.3	11.6	7.20	18.5	YES		
14	0.990	35.1	34.7	11.1	7.16	19.0	YES		
15	1.010	35.1	35.5	10.5	7.02	18.8	YES		
16	0.990	35.1	34.7	10.3	7.14	19.8	YES		
17	0.980	35.1	34.4	10.0	7.16	20.4	YES		
18	0.970	35.1	34.0	10.2	7.09	19.6	YES		
19	0.970	35.1	34.0	11.0	7.13	18.9	YES		
20	0.990	35.1	34.7	11.7	7.08	17.8	YES		
21	1.010	35.1	35.5	10.9	7.16	19.3	YES		
22	0.990	35.1	34.7	11.4	7.20	18.9	YES		
23	0.980	35.1	34.4	11.5	7.13	18.3	YES		
24	0.950	35.1	33.3	12.1	7.20	17.9	YES		
25	0.960	35.1	33.7	12.4	7.15	17.3	YES		
26	1.010	35.1	35.5	11.5	7.06	17.9	YES		
27	0.970	35.1	34.0	10.3	7.02	19.0	YES		
28	1.010	35.1	35.5	9.9	7.01	19.5	YES		
29	0.990	35.1	34.7	9.7	6.96	19.4	YES		
30	0.980	35.1	34.4	9.4	6.95	19.7	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 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

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