

OHA - DWS

Membrane Filter Monthly Operating Report

County: **Marion**

System Name: **City of Jefferson WTP**

Month/Year: **May-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]

0.140

LRC [log removal]


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	0.020	0.721	0.020	0.03	4.69	Y
2	0.018	1	0.018	0.03	4.80	Y
3	0.018	0.09	0.018	0.03	4.78	Y
4	0.015	0.135	0.017	0.04	4.70	Y
5	0.015	0.088	0.017	0.04	4.67	Y
6	0.019	0.05	0.017	0.04	4.71	Y
7	0.017	0.029	0.017	0.04	4.68	Y
8	0.015	0.029	0.017	0.04	4.73	Y
9	0.016	0.158	0.017	0.04	4.73	Y
10	0.018	0.144	0.017	0.03	4.77	Y
11	0.017	0.4	0.018	0.04	4.72	Y
12	0.018	0.185	0.018	0.03	4.75	Y
13	0.019	0.376	0.018	0.03	4.78	Y
14	0.017	0.035	0.018	0.04	4.71	Y
15	0.017	0.042	0.018	0.04	4.67	Y
16	0.017	0.047	0.018	0.04	4.71	Y
17	0.017	0.056	0.018	0.04	4.78	Y
18	0.019	0.167	0.019	0.05	4.60	Y
19	0.025	0.966	0.019	0.04	4.69	Y
20	0.019	0.223	0.019	0.04	4.63	Y
21	0.018	0.093	0.020	0.03	4.74	Y
22	0.020	0.144	0.020	0.04	4.64	Y
23	0.020	0.136	0.020	0.04	4.66	Y
24	0.020	0.07	0.021	0.04	4.68	Y
25	0.020	0.028	0.021	0.03	4.74	Y
26	0.020	0.035	0.021	0.04	4.69	Y
27	0.020	0.573	0.022	0.04	4.71	Y
28	0.020	0.032	0.023	0.04	4.70	Y
29	0.021	0.026	0.023	0.04	4.67	Y
30	0.021	0.036	0.023	0.04	4.69	Y
31	0.021	0.032	0.024	0.04	4.70	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** DATE: **06/05/2024**
 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: **May-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	0.990	35.1	34.7	9.6	6.99	19.7	YES	700	
2	0.980	35.1	34.4	9.8	6.95	19.2	YES	700	
3	0.990	35.1	34.7	10.1	6.95	18.8	YES	700	
4	0.920	35.1	32.3	10.1	6.94	18.6	YES	700	
5	0.980	35.1	34.4	9.2	6.84	19.2	YES	700	
6	0.960	35.1	33.7	9.5	6.81	18.6	YES	700	
7	0.990	35.1	34.7	9.7	6.82	18.5	YES	700	
8	1.030	35.1	36.2	9.9	6.95	19.2	YES	700	
9	1.050	35.1	36.9	10.2	7.07	19.6	YES	700	
10	1.020	35.1	35.8	11.2	7.00	17.9	YES	700	
11	0.960	35.1	33.7	12.3	7.10	17.1	YES	700	
12	1.020	35.1	35.8	12.2	7.03	17.0	YES	700	
13	0.970	35.1	34.0	12.5	7.11	16.7	YES	700	
14	0.990	35.1	34.7	12.1	7.12	17.5	YES	700	
15	0.990	35.1	34.7	12.3	7.10	17.2	YES	700	
16	0.960	35.1	33.7	13.2	7.14	16.1	YES	700	
17	0.930	35.1	32.6	13.7	7.24	16.1	YES	700	
18	1.010	35.1	35.5	12.9	7.20	16.9	YES	700	
19	1.030	35.1	36.2	12.5	7.19	17.3	YES	700	
20	0.990	35.1	34.7	12.4	7.19	17.6	YES	700	
21	0.990	35.1	34.7	13.3	7.21	16.5	YES	700	
22	1.000	35.1	35.1	12.8	7.20	17.0	YES	700	
23	0.990	35.1	34.7	12.2	7.18	17.8	YES	700	
24	1.000	35.1	35.1	12.9	7.19	16.8	YES	700	
25	0.970	35.1	34.0	12.8	7.26	17.3	YES	700	
26	0.990	35.1	34.7	13.5	7.34	17.1	YES	700	
27	1.020	35.1	35.8	14.4	7.31	15.9	YES	700	
28	0.930	35.1	32.6	14.7	7.31	15.5	YES	700	
29	0.990	35.1	34.7	12.8	7.21	17.0	YES	700	
30	1.000	35.1	35.1	13.0	7.22	16.9	YES	700	
31	0.980	35.1	34.4	14.1	7.25	15.8	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 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