

OHA - DWS

Membrane Filter Monthly Operating Report

County: **Marion**

System Name: **City of Jefferson WTP**

Month/Year: **Jun-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

Day	CFE Daily Turbidity [NTU]	Highest CFE* [NTU]	Highest IFE [NTU] (>15 min duration)	PDR _{Max} [^{psi} / _{min}]	LRC [log removal]	DIT Daily
				0.140	4.00	
				Highest PDR of day [^{psi} / _{min}]	Lowest LRV _{ambient} of day [log removal]	[Y/N] or "off"
1	0.022	0.318	0.025	0.03	4.72	Y
2	0.022	0.03	0.026	0.03	4.73	Y
3	0.022	1	0.027	0.04	4.70	Y
4	0.023	0.538	0.026	0.04	4.68	Y
5	0.024	0.667	0.028	0.03	4.75	Y
6	0.024	0.04	0.024	0.04	4.75	Y
7	0.023	0.044	0.024	0.03	4.77	Y
8	0.025	0.036	0.025	0.04	4.76	Y
9	0.026	0.036	0.025	0.03	4.75	Y
10	0.026	0.04	0.025	0.04	4.75	Y
11	0.026	0.055	0.026	0.04	4.70	Y
12	0.026	0.038	0.027	0.04	4.69	Y
13	0.026	0.04	0.027	0.03	4.77	Y
14	0.026	0.071	0.029	0.04	4.70	Y
15	0.026	0.077	0.030	0.04	4.73	Y
16	0.026	0.058	0.031	0.03	4.76	Y
17	0.026	0.042	0.016	0.03	4.72	Y
18	0.026	0.129	0.016	0.04	4.73	Y
19	0.026	0.048	0.016	0.04	4.75	Y
20	0.027	0.034	0.017	0.04	4.73	Y
21	0.027	0.051	0.017	0.04	4.72	Y
22	0.029	0.038	0.018	0.03	4.76	Y
23	0.030	0.048	0.019	0.03	4.78	Y
24	0.031	0.171	0.019	0.03	4.60	Y
25	0.033	0.12	0.020	0.04	4.68	Y
26	0.018	0.048	0.020	0.04	4.73	Y
27	0.019	0.048	0.021	0.03	4.75	Y
28	0.019	0.039	0.022	0.03	4.74	Y
29	0.019	0.034	0.023	0.03	4.75	Y
30	0.019	0.025	0.024	0.03	4.77	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** DATE: **07/02/2024**
 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: **Jun-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	0.960	35.1	33.7	14.9	7.24	14.9	YES	700	
2	0.950	35.1	33.3	14.2	7.24	15.6	YES	700	
3	0.930	35.1	32.6	13.1	6.97	15.2	YES	700	
4	1.040	35.1	36.5	12.6	6.80	14.9	YES	700	
5	0.950	35.1	33.3	12.5	6.91	15.5	YES	700	
6	0.950	35.1	33.3	13.9	6.97	14.4	YES	700	
7	0.940	35.1	33.0	14.5	7.01	14.0	YES	700	
8	0.960	35.1	33.7	14.9	7.01	13.7	YES	700	
9	0.960	35.1	33.7	15.5	7.03	13.3	YES	700	
10	0.950	35.1	33.3	16.1	7.05	12.8	YES	700	
11	0.950	35.1	33.3	16.0	7.01	12.7	YES	700	
12	0.970	35.1	34.0	15.8	7.05	13.1	YES	700	
13	0.960	35.1	33.7	16.1	7.04	12.8	YES	700	
14	0.960	35.1	33.7	15.9	7.03	12.9	YES	700	
15	0.940	35.1	33.0	15.6	7.06	13.3	YES	700	
16	0.970	35.1	34.0	14.6	7.07	14.3	YES	700	
17	0.920	35.1	32.3	14.2	7.06	14.6	YES	700	
18	0.950	35.1	33.3	14.2	7.04	14.5	YES	700	
19	0.950	35.1	33.3	15.4	7.03	13.3	YES	700	
20	0.940	35.1	33.0	16.8	6.94	11.7	YES	700	
21	0.970	35.1	34.0	17.8	6.99	11.2	YES	700	
22	0.980	35.1	34.4	18.8	7.01	10.6	YES	700	
23	0.980	35.1	34.4	18.5	7.03	10.9	YES	700	
24	0.970	35.1	34.0	17.6	7.03	11.5	YES	700	
25	0.970	35.1	34.0	17.7	6.97	11.2	YES	700	
26	0.950	35.1	33.3	17.7	7.05	11.5	YES	700	
27	0.970	35.1	34.0	16.1	7.07	12.9	YES	700	
28	1.000	35.1	35.1	15.1	7.07	13.9	YES	700	
29	1.000	35.1	35.1	17.5	7.09	11.9	YES	700	
30	1.000	35.1	35.1	17.7	7.09	11.7	YES	700	
31									

♦ 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