

OHA - DWS

Membrane Filter Monthly Operating Report

County: **Marion**

System Name: **City of Jefferson WTP**

Month/Year: **Jul-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	0.020	0.343	0.025	0.03	4.80	Y
2	0.021	0.704	0.025	0.03	4.74	Y
3	0.023	0.102	0.025	0.04	4.77	Y
4	0.014	0.032	0.014	0.04	4.76	Y
5	0.014	0.032	0.014	0.03	4.84	Y
6	0.014	0.04	0.014	0.03	4.87	Y
7	0.014	0.043	0.022	0.04	4.69	Y
8	0.014	0.025	0.015	0.04	4.68	Y
9	0.014	0.037	0.016	0.04	4.73	Y
10	0.015	0.029	0.016	0.04	4.76	Y
11	0.016	0.023	0.016	0.03	4.82	Y
12	0.018	0.031	0.016	0.04	4.75	Y
13	0.020	0.065	0.017	0.05	4.64	Y
14	0.021	0.042	0.017	0.04	4.73	Y
15	0.022	0.03	0.018	0.04	4.76	Y
16	0.024	0.029	0.019	0.03	4.87	Y
17	0.025	1	0.019	0.04	4.73	Y
18	0.027	0.037	0.019	0.05	4.67	Y
19	0.030	0.13	0.019	0.04	4.75	Y
20	0.020	0.045	0.016	0.03	4.78	Y
21	0.020	0.068	0.016	0.04	4.77	Y
22	0.020	0.047	0.016	0.04	4.76	Y
23	0.020	0.036	0.016	0.04	4.70	Y
24	0.020	0.037	0.016	0.04	4.76	Y
25	0.020	0.05	0.016	0.04	4.79	Y
26	0.020	0.025	0.017	0.03	4.81	Y
27	0.020	0.058	0.017	0.04	4.69	Y
28	0.020	0.043	0.018	0.04	4.68	Y
29	0.020	0.056	0.018	0.04	4.76	Y
30	0.020	0.041	0.018	0.03	4.81	Y
31	0.020	0.477	0.019	0.03	4.78	Y

Compliance summary (operator to complete any blank fields)

95% of daily turbidity readings ≤ 1 NTU? [Y/N] Y	All turbidity readings ≤ 5 NTU? [Y/N] Y	All IFE turbidity readings ≤ 0.15 NTU? [Y/N] Y	Performance std met? [Y/N] (PDR ≤ PDR _{Max} , LRV ≥ LRC) Y	DIT Daily? Yes
CT's met daily? (p. 2) Y	All Cl ₂ residual at EP ≥ 0.2 mg/L? Y	PDR ≤ PDR _{Max} ? Y	LRV _{ambient} ≥ LRC? Y	

PRINTED NAME: **Alex Kemmer** DATE: **08/05/2024**
 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: **Jul-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	0.980	35.1	34.4	17.7	7.06	11.6	YES	800	
2	0.990	35.1	34.7	17.9	7.10	11.6	YES	800	
3	1.000	35.1	35.1	17.7	7.05	11.6	YES	800	
4	0.990	35.1	34.7	17.8	7.09	11.7	YES	800	
5	0.940	35.1	33.0	18.9	7.07	10.7	YES	800	
6	0.960	35.1	33.7	19.8	7.12	10.3	YES	800	
7	0.980	35.1	34.4	21.0	7.15	9.6	YES	800	
8	0.970	35.1	34.0	21.0	7.04	9.2	YES	800	
9	0.980	35.1	34.4	20.2	7.06	9.8	YES	800	
10	0.970	35.1	34.0	20.5	7.05	9.5	YES	800	
11	0.970	35.1	34.0	20.4	7.09	9.8	YES	800	
12	0.940	35.1	33.0	20.0	7.12	10.1	YES	800	
13	1.020	35.1	35.8	19.3	7.12	10.7	YES	800	
14	1.000	35.1	35.1	19.7	7.10	10.3	YES	800	
15	1.000	35.1	35.1	19.7	7.08	10.2	YES	800	
16	1.890	35.1	66.3	19.5	7.00	11.1	YES	800	
17	1.880	35.1	66.0	19.1	6.95	11.2	YES	800	
18	1.940	35.1	68.1	18.6	6.94	11.6	YES	800	
19	0.990	35.1	34.7	19.0	7.12	10.9	YES	800	
20	1.620	35.1	56.9	19.7	7.08	11.0	YES	800	
21	1.870	35.1	65.6	19.8	7.03	11.0	YES	800	
22	1.970	35.1	69.1	18.4	7.05	12.3	YES	800	
23	1.890	35.1	66.3	18.4	6.99	12.0	YES	800	
24	1.900	35.1	66.7	18.2	6.99	12.1	YES	800	
25	1.840	35.1	64.6	18.2	6.99	12.1	YES	800	
26	1.800	35.1	63.2	17.9	7.04	12.5	YES	800	
27	1.780	35.1	62.5	18.1	7.04	12.3	YES	800	
28	1.740	35.1	61.1	18.0	7.05	12.3	YES	800	
29	1.080	35.1	37.9	17.2	7.11	12.4	YES	800	
30	1.100	35.1	38.6	16.4	7.14	13.2	YES	800	
31	1.100	35.1	38.6	17.8	7.19	12.3	YES	800	

* 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