

OHA - DWS

Membrane Filter Monthly Operating Report

County: **Marion**

System Name: **City of Jefferson WTP**

Month/Year: **Aug-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

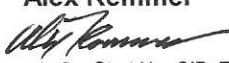
4.00

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	0.763	0.020	0.04	4.75	Y
2	0.020	0.616	0.018	0.04	4.80	Y
3	0.021	0.107	0.018	0.04	4.80	Y
4	0.021	0.031	0.017	0.03	4.84	Y
5	0.021	0.052	0.017	0.04	4.85	Y
6	0.021	0.055	0.017	0.04	4.79	Y
7	0.021	0.066	0.017	0.04	4.73	Y
8	0.022	0.036	0.017	0.04	4.72	Y
9	0.023	0.077	0.017	0.04	4.81	Y
10	0.024	0.041	0.017	0.04	4.77	Y
11	0.025	0.421	0.019	0.03	4.84	Y
12	0.027	0.094	0.019	0.05	4.64	Y
13	0.014	0.05	0.016	0.04	4.75	Y
14	0.012	0.024	0.017	0.04	4.72	Y
15	0.012	0.027	0.016	0.03	4.75	Y
16	0.012	0.019	0.016	0.03	4.79	Y
17	0.012	0.038	0.016	0.03	4.79	Y
18	0.012	0.022	0.016	0.04	4.74	Y
19	0.012	0.055	0.016	0.04	4.71	Y
20	0.012	0.022	0.016	0.04	4.79	Y
21	0.012	0.2	0.016	0.03	4.77	Y
22	0.012	0.034	0.016	0.03	4.80	Y
23	0.012	0.083	0.016	0.04	4.75	Y
24	0.012	0.05	0.016	0.03	4.75	Y
25	0.013	0.019	0.017	0.04	4.74	Y
26	0.014	0.019	0.017	0.04	4.73	Y
27	0.015	0.036	0.017	0.04	4.73	Y
28	0.015	0.044	0.017	0.03	4.73	Y
29	0.016	0.059	0.018	0.04	4.76	Y
30	0.016	0.059	0.018	0.04	4.76	Y
31	0.018	0.072	0.018	0.04	4.72	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: **09/03/2024**
 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: **Aug-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	1.080	35.1	37.9	19.7	7.02	10.1	YES	800	
2	1.100	35.1	38.6	20.1	7.03	9.9	YES	800	
3	1.170	35.1	41.1	20.3	7.09	10.1	YES	800	
4	1.160	35.1	40.7	19.1	7.05	10.7	YES	800	
5	1.160	35.1	40.7	19.1	6.96	10.4	YES	800	
6	1.180	35.1	41.4	18.8	6.96	10.6	YES	800	
7	1.160	35.1	40.7	18.6	6.99	10.9	YES	800	
8	1.170	35.1	41.1	19.0	6.98	10.5	YES	800	
9	1.180	35.1	41.4	19.0	7.03	10.7	YES	800	
10	1.160	35.1	40.7	19.7	7.06	10.3	YES	800	
11	1.170	35.1	41.1	19.4	6.99	10.3	YES	800	
12	1.190	35.1	41.8	18.6	6.97	10.8	YES	800	
13	1.230	35.1	43.2	17.3	6.99	11.9	YES	800	
14	1.230	35.1	43.2	16.1	6.99	12.9	YES	800	
15	0.970	35.1	34.0	17.4	7.05	11.8	YES	800	
16	1.010	35.1	35.5	17.2	7.06	12.0	YES	800	
17	0.950	35.1	33.3	17.8	7.06	11.5	YES	800	
18	1.020	35.1	35.8	17.4	7.05	11.8	YES	800	
19	1.020	35.1	35.8	17.8	7.06	11.6	YES	1,250	
20	1.000	35.1	35.1	17.7	7.08	11.7	YES	1,250	
21	1.030	35.1	36.2	17.6	7.09	11.9	YES	1,250	
22	1.040	35.1	36.5	17.0	7.04	12.1	YES	800	
23	1.040	35.1	36.5	15.5	7.06	13.5	YES	800	
24	1.060	35.1	37.2	15.9	7.04	13.1	YES	800	
25	1.050	35.1	36.9	16.1	7.04	12.9	YES	800	
26	1.030	35.1	36.2	17.8	7.10	11.8	YES	800	
27	1.010	35.1	35.5	17.6	7.01	11.5	YES	800	
28	1.040	35.1	36.5	16.1	6.97	12.6	YES	800	
29	1.020	35.1	35.8	16.4	7.05	12.7	YES	800	
30	1.020	35.1	35.8	16.8	6.96	11.9	YES	800	
31	1.030	35.1	36.2	17.2	7.04	12.0	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