

OHA - DWS

Membrane Filter Monthly Operating Report

County: **Marion**

System Name: **City of Jefferson WTP**

Month/Year: **Sep-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] ⇔

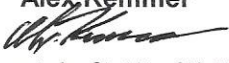
PDR = Pressure Decay Rate

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	
1	0.020	0.032	0.020	0.04	4.72	Y
2	0.022	0.043	0.020	0.04	4.76	Y
3	0.024	0.041	0.020	0.03	4.78	Y
4	0.025	0.043	0.020	0.03	4.79	Y
5	0.029	0.622	0.022	0.03	4.72	Y
6	0.018	0.867	0.021	0.03	4.72	Y
7	0.017	0.227	0.021	0.04	4.79	Y
8	0.017	0.039	0.021	0.03	4.80	Y
9	0.017	0.033	0.020	0.04	4.78	Y
10	0.017	0.039	0.021	0.03	4.82	Y
11	0.017	0.051	0.020	0.04	4.76	Y
12	0.018	0.156	0.020	0.04	4.68	Y
13	0.018	0.027	0.027	0.03	4.73	Y
14	0.019	0.032	0.020	0.04	4.76	Y
15	0.021	0.027	0.021	0.03	4.70	Y
16	0.022	0.042	0.022	0.03	4.72	Y
17	0.023	0.033	0.021	0.04	4.73	Y
18	0.025	0.029	0.022	0.04	4.71	Y
19	0.021	0.062	0.021	0.03	4.76	Y
20	0.018	0.153	0.022	0.03	4.73	Y
21	0.018	0.066	0.022	0.04	4.74	Y
22	0.018	0.031	0.022	0.03	4.73	Y
23	0.018	0.03	0.023	0.03	4.72	Y
24	0.018	0.041	0.023	0.03	4.78	Y
25	0.018	0.038	0.023	0.03	4.76	Y
26	0.018	0.033	0.023	0.03	4.78	Y
27	0.018	0.073	0.023	0.04	4.75	Y
28	0.018	0.035	0.023	0.03	4.73	Y
29	0.018	0.073	0.024	0.03	4.74	Y
30	0.019	0.021	0.024	0.04	4.72	Y
31						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:** 10/07/2024
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: **Sep-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	1.050	35.1	36.9	17.5	7.08	11.9	YES	800	
2	1.050	35.1	36.9	16.4	7.00	12.5	YES	800	
3	1.060	35.1	37.2	15.3	7.04	13.6	YES	800	
4	1.110	35.1	39.0	15.8	7.01	13.1	YES	1,250	
5	1.010	35.1	35.5	16.6	7.10	12.7	YES	800	
6	1.020	35.1	35.8	16.6	7.06	12.5	YES	800	
7	1.010	35.1	35.5	16.4	7.19	13.3	YES	800	
8	1.030	35.1	36.2	15.5	7.06	13.5	YES	800	
9	1.030	35.1	36.2	15.6	7.06	13.4	YES	800	
10	1.030	35.1	36.2	15.6	7.04	13.3	YES	800	
11	1.040	35.1	36.5	15.4	7.08	13.7	YES	800	
12	1.020	35.1	35.8	14.0	7.06	14.9	YES	700	
13	1.020	35.1	35.8	14.2	7.11	15.0	YES	700	
14	1.000	35.1	35.1	15.5	7.18	14.1	YES	700	
15	1.050	35.1	36.9	15.1	7.15	14.4	YES	700	
16	1.060	35.1	37.2	14.0	7.08	15.1	YES	700	
17	1.070	35.1	37.6	13.8	7.07	15.3	YES	700	
18	1.060	35.1	37.2	13.6	7.06	15.4	YES	700	
19	1.030	35.1	36.2	14.4	7.10	14.8	YES	700	
20	1.090	35.1	38.3	14.2	7.08	15.0	YES	700	
21	1.080	35.1	37.9	13.5	7.09	15.7	YES	700	
22	1.040	35.1	36.5	13.9	7.11	15.3	YES	700	
23	0.980	35.1	34.4	14.6	7.13	14.6	YES	700	
24	1.010	35.1	35.5	14.9	7.10	14.2	YES	700	
25	1.010	35.1	35.5	14.6	7.09	14.5	YES	700	
26	1.020	35.1	35.8	13.4	7.07	15.6	YES	700	
27	1.040	35.1	36.5	14.4	7.12	14.9	YES	700	
28	1.030	35.1	36.2	14.5	7.12	14.8	YES	700	
29	1.040	35.1	36.5	14.2	7.12	15.1	YES	700	
30	1.030	35.1	36.2	13.8	7.17	15.8	YES	700	
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 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