

OHA - DWS

Membrane Filter Monthly Operating Report

County: **Marion**

System Name: **City of Jefferson WTP**

Month/Year: **Oct-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	0.019	0.964	0.024	0.04	4.70	Y
2	0.020	1	0.029	0.03	4.68	Y
3	0.019	0.107	0.018	0.03	4.79	Y
4	0.019	0.03	0.015	0.03	4.76	Y
5	0.018	0.033	0.015	0.03	4.74	Y
6	0.018	0.062	0.015	0.04	4.73	Y
7	0.018	0.024	0.015	0.03	4.78	Y
8	0.019	0.042	0.015	0.04	4.74	Y
9	0.019	0.049	0.016	0.04	4.70	Y
10	0.019	0.056	0.016	0.05	4.56	Y
11	0.019	0.041	0.016	0.04	4.70	Y
12	0.020	0.048	0.016	0.04	4.68	Y
13	0.021	0.025	0.016	0.03	4.72	Y
14	0.022	0.031	0.016	0.03	4.75	Y
15	0.024	0.035	0.016	0.04	4.68	Y
16	0.013	0.037	0.016	0.04	4.71	Y
17	0.013	0.047	0.016	0.04	4.68	Y
18	0.013	0.042	0.017	0.05	4.60	Y
19	0.013	0.026	0.017	0.04	4.64	Y
20	0.013	0.136	0.017	0.03	4.71	Y
21	0.013	0.024	0.017	0.03	4.72	Y
22	0.013	0.044	0.017	0.04	4.72	Y
23	0.013	0.019	0.017	0.04	4.72	Y
24	0.014	0.042	0.017	0.04	4.68	Y
25	0.014	0.049	0.017	0.04	4.68	Y
26	0.014	0.042	0.017	0.04	4.72	Y
27	0.014	0.027	0.017	0.03	4.77	Y
28	0.015	0.027	0.018	0.04	4.60	Y
29	0.015	0.036	0.018	0.04	4.71	Y
30	0.016	0.038	0.018	0.04	4.69	Y
31	0.016	0.421	0.018	0.04	4.64	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: **11/04/2024**
 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**

Disinfection Monthly Operating Report

System Name: City of Jefferson WTPPWS ID#: 41 - **00408**Month/Year: **Oct-24****0.5**↩ Log
Inactivation
Required via
DisinfectionPlant 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	13.5	7.12	15.8	YES	700	
2	1.030	35.1	36.2	14.1	7.15	15.3	YES	700	
3	1.040	35.1	36.5	13.5	7.17	16.1	YES	700	
4	1.030	35.1	36.2	12.8	7.08	16.3	YES	700	
5	1.070	35.1	37.6	12.5	7.14	17.1	YES	700	
6	1.060	35.1	37.2	13.3	7.16	16.3	YES	700	
7	1.050	35.1	36.9	13.6	7.17	16.0	YES	700	
8	1.040	35.1	36.5	14.0	7.16	15.5	YES	700	
9	1.040	35.1	36.5	14.5	7.10	14.7	YES	700	
10	1.060	35.1	37.2	13.2	7.16	16.4	YES	700	
11	1.060	35.1	37.2	13.0	7.17	16.7	YES	700	
12	1.020	35.1	35.8	13.8	7.24	16.2	YES	700	
13	1.040	35.1	36.5	13.7	7.20	16.1	YES	700	
14	1.020	35.1	35.8	14.1	7.21	15.7	YES	700	
15	1.040	35.1	36.5	14.4	7.16	15.1	YES	700	
16	1.030	35.1	36.2	14.3	7.14	15.1	YES	700	
17	1.020	35.1	35.8	14.0	7.08	15.0	YES	700	
18	1.020	35.1	35.8	13.3	7.12	16.0	YES	700	
19	1.020	35.1	35.8	13.7	7.12	15.6	YES	700	
20	1.020	35.1	35.8	14.3	7.08	14.7	YES	700	
21	1.020	35.1	35.8	14.4	7.11	14.8	YES	700	
22	1.030	35.1	36.2	14.1	7.18	15.5	YES	800	
23	1.030	35.1	36.2	13.8	7.23	16.1	YES	700	
24	1.060	35.1	37.2	13.0	7.15	16.6	YES	700	
25	1.010	35.1	35.5	12.8	7.23	17.2	YES	700	
26	1.030	35.1	36.2	14.3	7.14	15.1	YES	700	
27	1.020	35.1	35.8	14.9	7.15	14.5	YES	700	
28	1.000	35.1	35.1	14.2	7.21	15.5	YES	700	
29	0.990	35.1	34.7	12.9	7.09	16.2	YES	700	
30	1.040	35.1	36.5	11.7	7.05	17.7	YES	700	
31	1.070	35.1	37.6	11.5	7.08	18.1	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 bymail: Drinking Water Services
PO Box 14350
Portland, OR 97293-0350email: dwp.dmce@odhsoha.oregon.gov

fax: 971-673-0458

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