

# OHA - DWS

## Membrane Filter Monthly Operating Report

County: **Marion**

System Name: **City of Jefferson WTP**

Month/Year: **Nov-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<sub>Max</sub> [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 <sub>ambient</sub> of day [log removal]	[Y/N] or "off"
1	0.020	0.885	0.020	0.04	4.56	Y
2	0.023	0.227	0.018	0.04	4.80	Y
3	0.024	0.046	0.018	0.04	4.77	Y
4	0.012	0.029	0.016	0.04	4.77	Y
5	0.012	0.023	0.016	0.04	4.74	Y
6	0.012	0.016	0.016	0.03	4.77	Y
7	0.012	0.022	0.016	0.04	4.75	Y
8	0.012	0.03	0.016	0.04	4.76	Y
9	0.012	0.037	0.016	0.04	4.73	Y
10	0.012	0.025	0.016	0.04	4.73	Y
11	0.012	0.066	0.016	0.05	4.60	Y
12	0.012	0.032	0.016	0.04	4.69	Y
13	0.012	0.019	0.016	0.04	4.73	Y
14	0.012	0.024	0.016	0.04	4.76	Y
15	0.012	0.015	0.016	0.04	4.67	Y
16	0.012	0.03	0.016	0.04	4.70	Y
17	0.012	0.014	0.016	0.04	4.72	Y
18	0.012	0.043	0.016	0.04	4.67	Y
19	0.012	0.1	0.016	0.04	4.67	Y
20	0.012	0.026	0.016	0.04	4.73	Y
21	0.012	0.017	0.016	0.04	4.67	Y
22	0.012	0.04	0.016	0.03	4.76	Y
23	0.013	0.018	0.016	0.04	4.68	Y
24	0.013	0.024	0.016	0.04	4.69	Y
25	0.013	0.016	0.016	0.04	4.72	Y
26	0.013	0.049	0.016	0.04	4.70	Y
27	0.013	0.017	0.016	0.04	4.69	Y
28	0.013	0.067	0.016	0.04	4.68	Y
29	0.013	0.041	0.016	0.04	4.62	Y
30	0.014	0.148	0.017	0.04	4.66	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 <sub>Max</sub> , LRV ≥ LRC)	DIT Daily?
Y	Y	Y	Y	Yes
CT's met daily? (p. 2)	All Cl <sub>2</sub> residual at EP ≥ 0.2 mg/L?	PDR ≤ PDR <sub>Max</sub> ?	LRV <sub>ambient</sub> ≥ LRC?	
Y	Y	Y	Y	

**PRINTED NAME:** Alex Kemmer      **DATE:** 12/4/2024  
**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: **Nov-24**

**0.5**

↩ Log  
Inactivation  
Required via  
Disinfection

Plant ID : WTP - A

Day	Minimum Cl <sub>2</sub> Residual at 1 <sup>st</sup> 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	1.010	35.1	35.5	11.4	7.07	18.1	YES	700	
2	0.990	35.1	34.7	11.1	6.94	17.6	YES	700	
3	1.020	35.1	35.8	11.1	6.95	17.7	YES	700	
4	1.030	35.1	36.2	10.9	6.93	17.8	YES	700	
5	1.040	35.1	36.5	11.0	6.96	17.9	YES	700	
6	1.050	35.1	36.9	10.6	7.02	18.8	YES	700	
7	1.040	35.1	36.5	10.4	7.08	19.4	YES	700	
8	1.090	35.1	38.3	10.5	7.08	19.4	YES	700	
9	1.080	35.1	37.9	11.0	7.09	18.8	YES	700	
10	1.070	35.1	37.6	11.3	7.12	18.6	YES	700	
11	1.080	35.1	37.9	11.4	7.14	18.7	YES	700	
12	1.090	35.1	38.3	11.4	7.13	18.6	YES	700	
13	1.050	35.1	36.9	11.1	7.07	18.5	YES	700	
14	0.990	35.1	34.7	10.9	7.03	18.4	YES	700	
15	1.010	35.1	35.5	10.2	6.95	18.7	YES	700	
16	1.060	35.1	37.2	9.8	6.95	19.3	YES	700	
17	1.070	35.1	37.6	10.2	7.01	19.3	YES	700	
18	0.960	35.1	33.7	9.4	6.86	19.0	YES	700	
19	1.040	35.1	36.5	8.8	6.90	20.2	YES	700	
20	1.040	35.1	36.5	9.3	6.89	19.5	YES	700	
21	1.040	35.1	36.5	9.3	6.85	19.3	YES	700	
22	1.020	35.1	35.8	9.8	6.94	19.2	YES	700	
23	1.060	35.1	37.2	9.6	6.88	19.1	YES	700	
24	1.060	35.1	37.2	9.6	6.93	19.5	YES	700	
25	1.070	35.1	37.6	9.7	6.97	19.6	YES	700	
26	1.060	35.1	37.2	9.2	7.09	21.1	YES	700	
27	1.070	35.1	37.6	9.4	7.02	20.4	YES	700	
28	1.080	35.1	37.9	8.5	7.11	22.3	YES	700	
29	0.890	35.1	31.2	8.7	7.04	21.0	YES	700	
30	1.030	35.1	36.2	8.1	7.13	23.0	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 10<sup>th</sup> of following month by**

mail: Drinking Water Services  
PO Box 14350  
Portland, OR 97293-0350  
email: [dwp.dmce@odhsoha.oregon.gov](mailto:dwp.dmce@odhsoha.oregon.gov)  
fax: 971-673-0458