OHA - DWS

Membrane Filter Monthly Operating Report

County: **Marion**

System Name: **City of Jefferson WTP** Month/Year: **Jan-2025**

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 | **PDR_{Max} [$^{psi}/_{min}$]** | **LRC [log removal]** | **DIT Daily**

LRC = Log Removal Credit | **0.140** | **4.00**

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	0.014	0.03	0.013	0.04	4.61	Y
2	0.015	0.674	0.015	0.04	4.66	Y
3	0.015	1	0.015	0.04	4.63	Y
4	0.015	0.393	0.014	0.04	4.68	Y
5	0.015	0.106	0.014	0.04	4.70	Y
6	0.016	0.047	0.013	0.04	4.72	Y
7	0.016	0.036	0.013	0.04	4.65	Y
8	0.016	0.026	0.013	0.04	4.70	Y
9	0.016	0.024	0.013	0.04	4.65	Y
10	0.012	0.019	0.013	0.04	4.70	Y
11	0.012	0.143	0.013	0.04	4.64	Y
12	0.013	0.113	0.013	0.04	4.65	Y
13	0.012	0.069	0.013	0.05	4.61	Y
14	0.012	0.025	0.013	0.04	4.63	Y
15	0.012	0.037	0.013	0.04	4.67	Y
16	0.012	0.02	0.013	0.04	4.63	Y
17	0.012	0.041	0.014	0.04	4.62	Y
18	0.012	0.07	0.013	0.04	4.72	Y
19	0.013	0.048	0.013	0.04	4.59	Y
20	0.013	0.025	0.013	0.04	4.60	Y
21	0.013	0.051	0.013	0.04	4.66	Y
22	0.013	0.032	0.013	0.04	4.65	Y
23	0.013	0.053	0.013	0.04	4.76	Y
24	0.013	0.018	0.013	0.04	4.66	Y
25	0.013	0.016	0.013	0.04	4.66	Y
26	0.013	0.025	0.013	0.04	4.69	Y
27	0.013	0.041	0.013	0.04	4.64	Y
28	0.013	0.025	0.014	0.04	4.75	Y
29	0.013	0.27	0.013	0.04	4.65	Y
30	0.013	0.042	0.013	0.04	4.67	Y
31	0.013	0.02	0.014	0.04	4.59	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_{Max}, LRV ≥ LRC)	DIT Daily?
Y	Y	Y	Y	Yes

CT's met daily? (p. 2)	All Cl_2 residual at EP ≥ 0.2 $^{mg}/_{L}$?	PDR ≤ PDR_{Max}?	$LRV_{ambient}$ ≥ LRC?
Y	Y	Y	Y

PRINTED NAME: Alex Kemmer **DATE:** 02/04/2025

SIGNATURE: *Alex Kemmer* **WT CERT #:** T-478768

Notes: High CFE due to air intrapment after Start Up, CIP, EFM, Back Wash, IT's **PHONE #:** 541-327-1135

Revised 7/31/2023

♣ *Used for optimization purposes only.*

Disinfection Monthly Operating Report

System Name: **City of Jefferson WTP**

PWS ID#: 41 - **00408** **Month/Year:** **Jan-25**

Plant ID : WTP - **A**

0.5	⇦ Log Inactivation Required via Disinfection

Day	Minimum Cl_2 Residual at 1st 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	1.020	35.1	35.8	7.5	6.83	21.5	YES	700	
2	1.030	35.1	36.2	8.0	6.94	21.6	YES	700	
3	1.000	35.1	35.1	8.3	6.95	21.2	YES	700	
4	1.010	35.1	35.5	7.6	6.96	22.3	YES	700	
5	1.010	35.1	35.5	7.9	6.96	21.9	YES	700	
6	1.010	35.1	35.5	8.0	6.94	21.6	YES	700	
7	1.040	35.1	36.5	7.9	6.91	21.5	YES	700	
8	1.020	35.1	35.8	7.3	6.96	22.8	YES	700	
9	1.020	35.1	35.8	7.5	6.95	22.4	YES	700	
10	1.030	35.1	36.2	7.1	6.98	23.3	YES	700	
11	1.030	35.1	36.2	7.3	6.98	23.0	YES	700	
12	1.020	35.1	35.8	7.1	7.01	23.5	YES	700	
13	1.040	35.1	36.5	7.1	6.98	23.3	YES	700	
14	1.010	35.1	35.5	6.8	7.00	23.8	YES	700	
15	1.030	35.1	36.2	6.7	6.99	24.0	YES	700	
16	1.020	35.1	35.8	6.2	7.10	25.7	YES	700	
17	1.020	35.1	35.8	6.5	7.02	24.5	YES	700	
18	1.080	35.1	37.9	6.1	7.07	25.8	YES	700	
19	0.980	35.1	34.4	5.3	7.12	27.4	YES	700	
20	0.950	35.1	33.3	5.1	7.10	27.5	YES	700	
21	0.990	35.1	34.7	5.2	7.10	27.4	YES	700	
22	0.970	35.1	34.0	5.9	7.08	25.9	YES	700	
23	0.960	35.1	33.7	5.9	7.02	25.4	YES	700	
24	0.930	35.1	32.6	5.2	7.12	27.4	YES	700	
25	0.960	35.1	33.7	4.7	7.16	28.9	YES	700	
26	0.940	35.1	33.0	4.5	7.15	29.1	YES	700	
27	0.960	35.1	33.7	4.3	7.15	29.6	YES	700	
28	0.880	35.1	30.9	4.8	7.16	28.4	YES	700	
29	0.940	35.1	33.0	4.3	7.15	29.5	YES	700	
30	0.960	35.1	33.7	4.7	7.16	28.9	YES	700	
31	0.920	35.1	32.3	5.6	7.20	27.5	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 by

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

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