

OHA - DWS

Membrane Filter Monthly Operating Report

County: **Marion**

System Name: **City of Jefferson WTP**

Month/Year: **Feb-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

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	0.013	0.06	0.014	0.04	4.59	Y
2	0.013	0.032	0.014	0.05	4.58	Y
3	0.013	1	0.014	0.04	4.64	Y
4	0.013	0.968	0.014	0.04	4.65	Y
5	0.014	0.573	0.018	0.04	4.65	Y
6	0.014	0.087	0.014	0.04	4.66	Y
7	0.015	0.055	0.014	0.04	4.60	Y
8	0.015	0.028	0.014	0.04	4.64	Y
9	0.015	0.033	0.014	0.04	4.64	Y
10	0.016	0.027	0.014	0.04	4.69	Y
11	0.014	0.028	0.015	0.04	4.66	Y
12	0.014	0.091	0.015	0.04	4.69	Y
13	0.016	0.021	0.014	0.04	4.63	Y
14	0.017	0.856	0.014	0.04	4.59	Y
15	0.018	0.115	0.015	0.04	4.60	Y
16	0.019	0.059	0.014	0.04	4.63	Y
17	0.020	0.04	0.014	0.04	4.66	Y
18	0.020	0.026	0.014	0.04	4.68	Y
19	0.012	0.03	0.014	0.04	4.61	Y
20	0.012	0.042	0.014	0.04	4.68	Y
21	0.012	0.025	0.014	0.03	4.65	Y
22	0.012	0.029	0.014	0.04	4.66	Y
23	0.012	0.021	0.014	0.04	4.62	Y
24	0.012	0.11	0.014	0.04	4.67	Y
25	0.012	0.054	0.014	0.04	4.64	Y
26	0.012	0.11	0.014	0.04	4.61	Y
27	0.012	0.05	0.014	0.04	4.70	Y
28	0.012	0.019	0.014	0.04	4.66	Y
29						Y
30						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: **3/6/2025**
 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: Feb-25

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	0.900	35.1	31.6	6.2	7.21	26.4	YES	700	
2	0.920	35.1	32.3	5.8	7.15	26.6	YES	700	
3	0.910	35.1	31.9	5.9	7.19	26.8	YES	700	
4	0.930	35.1	32.6	5.6	7.20	27.5	YES	700	
5	0.970	35.1	34.0	4.9	7.03	27.2	YES	700	
6	0.830	35.1	29.1	5.0	7.03	26.6	YES	700	
7	0.930	35.1	32.6	4.8	7.04	27.4	YES	700	
8	0.850	35.1	29.8	5.4	7.04	26.1	YES	700	
9	0.860	35.1	30.2	5.3	7.04	26.3	YES	700	
10	0.930	35.1	32.6	5.5	7.03	26.0	YES	700	
11	0.910	35.1	31.9	4.7	7.09	28.0	YES	700	
12	0.880	35.1	30.9	3.7	7.05	29.4	YES	700	
13	0.800	35.1	28.1	4.3	7.04	27.9	YES	700	
14	0.840	35.1	29.5	4.2	7.10	28.9	YES	700	
15	1.000	35.1	35.1	4.9	7.01	27.1	YES	700	
16	1.030	35.1	36.2	6.1	7.04	25.4	YES	700	
17	0.980	35.1	34.4	6.7	7.06	24.4	YES	700	
18	0.990	35.1	34.7	6.8	6.90	23.0	YES	700	
19	0.870	35.1	30.5	7.2	6.77	21.1	YES	700	
20	0.980	35.1	34.4	7.6	6.85	21.4	YES	700	
21	1.040	35.1	36.5	7.0	6.84	22.3	YES	700	
22	1.030	35.1	36.2	7.8	6.89	21.5	YES	700	
23	0.950	35.1	33.3	8.7	6.85	19.8	YES	700	
24	0.880	35.1	30.9	8.2	6.71	19.4	YES	700	
25	0.840	35.1	29.5	8.3	6.80	19.8	YES	700	
26	0.930	35.1	32.6	7.1	6.91	22.4	YES	700	
27	1.030	35.1	36.2	8.5	6.87	20.4	YES	700	
28	1.050	35.1	36.9	8.7	6.94	20.7	YES	700	
29		35.1					YES		
30		35.1					YES		
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