OHA - DWS

Membrane Filter Monthly Operating Report

System Name: **City of Jefferson WTP**
PWS ID#: 41 - **00408**
Plant ID: WTP - **A** *(e.g., "A")*

County: **Marion**
Month/Year: **Mar-2025**
Minimum test pressure **applied** || **req'd**: **25** psi || **15** psi

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

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]	DIT Daily [Y/N] or "off"
1	0.012	0.03	0.014	0.04	4.63	Y
2	0.012	0.024	0.014	0.04	4.72	Y
3	0.013	1	0.018	0.04	4.64	Y
4	0.012	1	0.022	0.04	4.72	Y
5	0.013	0.541	0.014	0.03	4.79	Y
6	0.013	0.093	0.014	0.03	4.79	Y
7	0.012	0.093	0.015	0.04	4.68	Y
8	0.012	0.033	0.019	0.03	4.69	Y
9	0.013	0.037	0.015	0.04	4.69	Y
10	0.013	0.036	0.014	0.04	4.68	Y
11	0.013	0.023	0.014	0.04	4.67	Y
12	0.014	0.021	0.014	0.04	4.65	Y
13	0.013	0.134	0.014	0.04	4.62	Y
14	0.013	0.044	0.014	0.05	4.59	Y
15	0.015	0.247	0.016	0.04	4.74	Y
16	0.014	0.055	0.014	0.04	4.63	Y
17	0.014	0.03	0.015	0.04	4.65	Y
18	0.013	0.019	0.014	0.04	4.68	Y
19	0.013	0.028	0.014	0.04	4.65	Y
20	0.014	0.017	0.014	0.04	4.68	Y
21	0.014	0.026	0.015	0.04	4.69	Y
22	0.014	0.018	0.014	0.04	4.65	Y
23	0.014	0.023	0.014	0.04	4.66	Y
24	0.014	0.02	0.014	0.04	4.68	Y
25	0.017	0.296	0.015	0.04	4.64	Y
26	0.018	0.186	0.015	0.05	4.60	Y
27	0.017	0.038	0.015	0.04	4.64	Y
28	0.017	0.034	0.015	0.04	4.67	Y
29	0.017	0.04	0.015	0.04	4.65	Y
30	0.017	0.028	0.015	0.04	4.66	Y
31	0.017	0.029	0.015	0.04	4.65	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] ($PDR \le PDR_{Max}$, $LRV \ge LRC$)	DIT Daily?
Y	Y	Y	Y	Yes
CT's met daily? (p. 2)	All Cl_2 residual at EP ≥ 0.2 $^{mg}/_{L}$?	$PDR \le PDR_{Max}$?	$LRV_{ambient} \ge LRC$?	
Y	Y	Y	Y	

PRINTED NAME: Alex Kemmer
SIGNATURE:
Notes: High CFE due to air intrapment after Start Up, CIP, EFM, Back Wash, IT's

DATE: 4/1/2025
WT CERT #: T-478768
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:** **Mar-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	0.990	35.1	34.7	8.7	7.01	21.1	YES	700	
2	1.030	35.1	36.2	8.5	7.09	22.0	YES	700	
3	0.990	35.1	34.7	8.5	7.03	21.5	YES	700	
4	0.950	35.1	33.3	8.5	7.01	21.2	YES	700	
5	0.960	35.1	33.7	8.0	7.02	22.1	YES	700	
6	0.960	35.1	33.7	7.4	7.15	24.0	YES	700	
7	0.980	35.1	34.4	7.7	7.09	23.1	YES	700	
8	0.910	35.1	31.9	8.0	7.14	22.9	YES	700	
9	0.980	35.1	34.4	8.2	7.17	23.0	YES	700	
10	0.950	35.1	33.3	8.2	7.18	23.0	YES	700	
11	0.970	35.1	34.0	8.5	7.19	22.7	YES	700	
12	0.930	35.1	32.6	8.8	7.18	22.1	YES	700	
13	0.880	35.1	30.9	8.3	7.22	23.0	YES	700	
14	1.070	35.1	37.6	7.6	7.08	23.4	YES	700	
15	0.950	35.1	33.3	7.3	7.15	24.2	YES	700	
16	0.910	35.1	31.9	7.4	7.06	23.1	YES	700	
17	0.950	35.1	33.3	7.6	7.02	22.6	YES	700	
18	0.930	35.1	32.6	7.7	6.93	21.7	YES	700	
19	0.920	35.1	32.3	7.9	7.04	22.3	YES	700	
20	1.110	35.1	39.0	7.8	6.95	22.2	YES	700	
21	0.960	35.1	33.7	7.9	7.01	22.1	YES	700	
22	0.930	35.1	32.6	8.2	7.03	21.8	YES	700	
23	0.920	35.1	32.3	8.5	6.97	20.9	YES	700	
24	0.980	35.1	34.4	9.1	7.01	20.5	YES	700	
25	0.990	35.1	34.7	9.8	6.95	19.2	YES	700	
26	0.990	35.1	34.7	10.6	6.85	17.6	YES	700	
27	0.980	35.1	34.4	9.0	6.91	19.9	YES	700	
28	0.850	35.1	29.8	8.6	6.89	20.0	YES	700	
29	1.000	35.1	35.1	8.6	6.88	20.3	YES	700	
30	1.030	35.1	36.2	7.9	6.88	21.3	YES	700	
31	0.960	35.1	33.7	7.7	6.90	21.6	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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