

Membrane Filter Monthly Operating Report

County: **Marion**System Name: **City of Jefferson WTP**Month/Year: **Apr-25**PWS ID#: 41 - **00408**

Minimum test pressure applied || req'd:

25 psi || 15 psiPlant 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]

4.00DIT
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	0.017	1	0.018	0.04	4.65	Y
2	0.017	1	0.023	0.03	4.70	Y
3	0.018	0.302	0.018	0.04	4.74	Y
4	0.017	1	0.015	0.04	4.64	Y
5	0.014	0.036	0.015	0.03	4.75	Y
6	0.014	0.034	0.014	0.04	4.69	Y
7	0.014	0.025	0.013	0.03	4.75	Y
8	0.013	0.035	0.014	0.04	4.70	Y
9	0.014	0.026	0.014	0.04	4.72	Y
10	0.014	0.018	0.014	0.04	4.69	Y
11	0.014	0.032	0.014	0.04	4.71	Y
12	0.014	0.421	0.014	0.04	4.67	Y
13	0.015	0.112	0.014	0.04	4.75	Y
14	0.014	0.073	0.015	0.03	4.71	Y
15	0.014	0.025	0.015	0.03	4.74	Y
16	0.013	0.028	0.015	0.04	4.70	Y
17	0.014	0.029	0.015	0.03	4.73	Y
18	0.013	0.031	0.015	0.03	4.73	Y
19	0.013	0.023	0.015	0.03	4.80	Y
20	0.013	0.032	0.015	0.04	4.69	Y
21	0.014	0.023	0.015	0.04	4.69	Y
22	0.013	0.052	0.015	0.04	4.67	Y
23	0.013	0.039	0.015	0.04	4.65	Y
24	0.013	0.04	0.015	0.04	4.72	Y
25	0.013	0.017	0.015	0.03	4.73	Y
26	0.013	0.032	0.015	0.04	4.69	Y
27	0.013	0.029	0.015	0.04	4.71	Y
28	0.013	0.028	0.015	0.03	4.76	Y
29	0.014	0.024	0.015	0.03	4.73	Y
30	0.014	0.028	0.015	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 _{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:

05/01/2025

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

Disinfection Monthly Operating ReportSystem Name: **City of Jefferson WTP**PWS ID#: 41 - **00408**Month/Year: **Apr-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	0.980	35.1	34.4	8.8	6.92	20.2	YES	700	
2	0.990	35.1	34.7	8.5	6.93	20.7	YES	700	
3	0.960	35.1	33.7	8.3	6.92	20.9	YES	700	
4	0.990	35.1	34.7	8.6	6.98	21.0	YES	700	
5	0.950	35.1	33.3	9.5	6.93	19.3	YES	700	
6	0.930	35.1	32.6	10.2	7.02	19.0	YES	700	
7	0.800	35.1	28.1	10.4	6.96	18.1	YES	700	
8	1.010	35.1	35.5	10.2	6.89	18.4	YES	700	
9	0.920	35.1	32.3	9.7	6.90	18.8	YES	700	
10	0.950	35.1	33.3	10.2	6.95	18.6	YES	700	
11	0.980	35.1	34.4	9.3	6.95	19.8	YES	700	
12	1.000	35.1	35.1	9.1	6.98	20.3	YES	700	
13	0.750	35.1	26.3	8.6	7.02	20.7	YES	700	
14	1.200	35.1	42.1	8.6	6.94	21.2	YES	700	
15	1.000	35.1	35.1	10.5	6.96	18.4	YES	700	
16	0.930	35.1	32.6	12.5	7.04	16.2	YES	700	
17	0.960	35.1	33.7	12.5	7.07	16.4	YES	700	
18	0.970	35.1	34.0	12.5	7.08	16.5	YES	700	
19	0.960	35.1	33.7	12.9	7.07	16.0	YES	700	
20	0.980	35.1	34.4	12.3	7.09	17.1	YES	700	
21	0.970	35.1	34.0	12.2	7.15	17.6	YES	700	
22	0.950	35.1	33.3	12.0	7.21	18.1	YES	700	
23	0.940	35.1	33.0	12.5	7.25	17.5	YES	700	
24	0.870	35.1	30.5	13.1	7.27	16.8	YES	700	
25	0.900	35.1	31.6	12.5	7.19	17.1	YES	700	
26	0.940	35.1	33.0	12.3	7.21	17.8	YES	700	
27	0.940	35.1	33.0	12.0	7.24	18.3	YES	700	
28	0.920	35.1	32.3	12.2	7.35	18.7	YES	700	
29	0.940	35.1	33.0	12.4	7.25	17.9	YES	700	
30	0.960	35.1	33.7	11.9	7.21	18.3	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 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

p. 2 of 2