

OHA - DWS

Membrane Filter Monthly Operating Report

 County: **Marion**

 System Name: **City of Jefferson WTP**

 Month/Year: **Jun-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

Day	CFE Daily Turbidity [NTU]	Highest CFE* [NTU]	Highest IFE [NTU] (>15 min duration)	PDR _{Max} [^{psi} / _{min}]	LRC [log removal]	DIT Daily
				0.140	4.00	
1	0.013	0.025	0.015	0.04	4.71	Y
2	0.014	0.344	0.014	0.04	7.42	Y
3	0.015	0.235	0.015	0.04	4.75	Y
4	0.016	0.098	0.014	0.04	4.80	Y
5	0.018	0.032	0.014	0.04	4.76	Y
6	0.019	0.03	0.014	0.03	4.79	Y
7	0.019	0.047	0.015	0.03	4.75	Y
8	0.019	0.039	0.015	0.03	4.79	Y
9	0.019	0.031	0.015	0.03	4.79	Y
10	0.019	0.028	0.016	0.04	4.77	Y
11	0.019	0.03	0.016	0.04	4.76	Y
12	0.019	0.033	0.016	0.04	4.89	Y
13	0.019	0.027	0.016	0.03	4.77	Y
14	0.019	0.029	0.016	0.04	4.74	Y
15	0.019	0.034	0.016	0.04	4.74	Y
16	0.019	0.027	0.016	0.03	4.81	Y
17	0.019	0.075	0.016	0.03	4.83	Y
18	0.019	0.028	0.016	0.04	4.77	Y
19	0.019	0.025	0.016	0.04	4.76	Y
20	0.019	0.022	0.017	0.03	4.73	Y
21	0.019	0.022	0.017	0.04	4.69	Y
22	0.019	0.023	0.017	0.04	4.67	Y
23	0.019	0.027	0.018	0.03	4.77	Y
24	0.019	0.032	0.018	0.03	4.77	Y
25	0.019	0.031	0.019	0.03	4.79	Y
26	0.019	0.056	0.019	0.04	4.72	Y
27	0.019	0.024	0.020	0.04	4.76	Y
28	0.019	0.055	0.020	0.05	4.72	Y
29	0.019	0.023	0.020	0.04	4.76	Y
30	0.020	0.485	0.023	0.03	4.78	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:

07/01/2025

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

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Disinfection Monthly Operating ReportSystem Name: **City of Jefferson WTP**PWS ID#: 41 - **00408**Month/Year: **Jun-25****0.5**Log
Inactivation
Required via
DisinfectionPlant 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	0.920	35.1	32.3	15.2	7.12	13.9	YES	700	
2	0.920	35.1	32.3	15.0	7.05	13.7	YES	700	CIP
3	0.920	35.1	32.3	15.6	7.08	13.4	YES	700	CIP
4	0.940	35.1	33.0	16.2	7.05	12.7	YES	800	
5	0.880	35.1	30.9	15.6	7.08	13.3	YES	800	
6	1.220	35.1	42.8	16.4	6.93	12.4	YES	800	
7	0.950	35.1	33.3	18.4	7.06	11.0	YES	800	
8	0.940	35.1	33.0	19.4	7.10	10.4	YES	800	EFM
9	0.890	35.1	31.2	19.4	7.02	10.1	YES	800	EFM
10	0.900	35.1	31.6	19.7	7.04	10.0	YES	800	
11	0.940	35.1	33.0	18.4	7.03	10.9	YES	800	
12	0.990	35.1	34.7	17.0	7.03	12.0	YES	800	
13	0.970	35.1	34.0	16.6	7.06	12.5	YES	800	
14	1.020	35.1	35.8	15.0	7.09	14.1	YES	800	EFM x2
15	0.960	35.1	33.7	15.9	7.08	13.1	YES	800	
16	0.970	35.1	34.0	16.4	7.09	12.8	YES	800	
17	0.930	35.1	32.6	16.5	7.10	12.7	YES	800	
18	1.040	35.1	36.5	17.1	7.09	12.3	YES	800	
19	0.990	35.1	34.7	15.2	7.10	13.9	YES	800	
20	1.020	35.1	35.8	15.7	7.09	13.5	YES	800	EFM x2
21	1.060	35.1	37.2	14.4	7.06	14.6	YES	800	
22	1.080	35.1	37.9	14.2	7.12	15.2	YES	800	
23	1.000	35.1	35.1	15.5	7.12	13.8	YES	800	
24	0.990	35.1	34.7	16.3	7.12	13.0	YES	800	
25	1.040	35.1	36.5	16.5	7.11	12.9	YES	800	
26	1.060	35.1	37.2	16.7	7.10	12.7	YES	800	
27	1.060	35.1	37.2	17.3	7.09	12.2	YES	800	EFM
28	1.040	35.1	36.5	17.9	7.04	11.4	YES	800	EFM
29	1.030	35.1	36.2	18.9	7.10	10.9	YES	800	
30	1.000	35.1	35.1	20.2	7.11	10.0	YES	800	CIP
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

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