OHA - DWS

Membrane Filter Monthly Operating Report

County: **Marion**

System Name: **City of Jefferson WTP** Month/Year: **Jul-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	0.020	1	0.028	0.03	4.77	Y
2	0.018	0.119	0.017	0.04	4.81	Y
3	0.018	0.028	0.017	0.03	4.82	Y
4	0.018	0.04	0.017	0.03	4.78	Y
5	0.018	0.112	0.017	0.04	4.79	Y
6	0.018	0.042	0.017	0.04	4.82	Y
7	0.018	0.056	0.018	0.03	4.87	Y
8	0.018	0.034	0.018	0.04	4.81	Y
9	0.018	0.036	0.018	0.03	4.79	Y
10	0.018	0.03	0.018	0.03	4.82	Y
11	0.018	0.024	0.018	0.03	4.80	Y
12	0.018	0.034	0.018	0.03	4.83	Y
13	0.018	0.031	0.020	0.03	4.80	Y
14	0.019	0.04	0.020	0.03	4.85	Y
15	0.019	0.03	0.020	0.03	4.82	Y
16	0.019	0.043	0.020	0.04	4.77	Y
17	0.019	0.035	0.020	0.04	4.77	Y
18	0.020	0.03	0.020	0.03	4.80	Y
19	0.020	0.039	0.020	0.03	4.84	Y
20	0.018	0.038	0.020	0.03	4.85	Y
21	0.018	0.043	0.021	0.03	4.84	Y
22	0.018	0.023	0.021	0.03	4.85	Y
23	0.019	0.031	0.022	0.03	4.79	Y
24	0.020	0.032	0.023	0.04	4.75	Y
25	0.020	0.031	0.025	0.03	4.84	Y
26	0.021	0.033	0.025	0.03	4.91	Y
27	0.022	0.033	0.026	0.03	4.83	Y
28	0.024	0.027	0.028	0.04	4.77	Y
29	0.024	0.042	0.029	0.03	4.86	Y
30	0.025	0.033	0.030	0.03	4.80	Y
31	0.027	0.453	0.032	0.03	4.79	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:** 08/04/2025

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:** **Jul-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	1.030	35.1	36.2	21.0	7.12	9.5	YES	800	CIP
2	1.020	35.1	35.8	21.1	7.03	9.2	YES	800	
3	1.020	35.1	35.8	19.8	6.95	9.7	YES	800	
4	1.070	35.1	37.6	18.6	6.95	10.6	YES	800	
5	0.970	35.1	34.0	18.3	6.95	10.7	YES	800	EFM
6	1.020	35.1	35.8	18.7	6.96	10.5	YES	800	
7	1.000	35.1	35.1	19.9	6.98	9.7	YES	800	EFM
8	1.020	35.1	35.8	20.3	6.96	9.4	YES	800	
9	1.020	35.1	35.8	20.0	6.96	9.6	YES	800	
10	1.050	35.1	36.9	20.4	6.96	9.4	YES	800	
11	1.020	35.1	35.8	20.1	6.94	9.5	YES	800	EFM
12	1.000	35.1	35.1	21.3	7.01	8.9	YES	800	EFM
13	1.040	35.1	36.5	21.9	6.97	8.5	YES	800	
14	1.080	35.1	37.9	22.1	6.99	8.5	YES	800	
15	1.030	35.1	36.2	20.9	6.97	9.1	YES	800	
16	1.020	35.1	35.8	20.2	6.97	9.5	YES	800	EFM
17	1.040	35.1	36.5	20.1	7.01	9.7	YES	800	EFM
18	1.010	35.1	35.5	19.9	7.01	9.8	YES	800	
19	1.040	35.1	36.5	19.1	6.96	10.2	YES	800	
20	1.040	35.1	36.5	18.9	7.00	10.5	YES	800	
21	1.070	35.1	37.6	17.6	7.02	11.6	YES	800	
22	1.020	35.1	35.8	17.5	7.04	11.7	YES	800	EFM(2)
23	1.020	35.1	35.8	19.1	7.09	10.7	YES	800	
24	1.040	35.1	36.5	19.4	7.11	10.6	YES	800	
25	1.000	35.1	35.1	19.1	7.00	10.3	YES	800	
26	0.940	35.1	33.0	19.0	7.05	10.5	YES	800	
27	1.000	35.1	35.1	18.6	7.05	10.9	YES	800	EFM(2)
28	1.000	35.1	35.1	18.5	7.03	10.9	YES	800	
29	1.030	35.1	36.2	18.8	7.03	10.7	YES	800	
30	1.000	35.1	35.1	19.0	7.02	10.5	YES	800	
31	1.030	35.1	36.2	19.1	7.07	10.6	YES	800	CIP

♦ 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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