OHA - DWS

Membrane Filter Monthly Operating Report

County: **Marion**

System Name: **City of Jefferson WTP**

Month/Year: **Aug-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

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	0.031	0.257	0.031	0.03	4.82	Y
2	0.034	0.113	0.029	0.03	4.82	Y
3	0.034	0.046	0.029	0.04	4.78	Y
4	0.034	0.053	0.030	0.03	4.80	Y
5	0.015	0.028	0.014	0.03	4.18	Y
6	0.016	0.034	0.014	0.03	4.82	Y
7	0.017	0.035	0.014	0.03	4.80	Y
8	0.016	0.036	0.014	0.04	4.74	Y
9	0.016	0.03	0.015	0.04	4.88	Y
10	0.016	0.04	0.015	0.03	4.85	Y
11	0.016	0.027	0.015	0.04	4.78	Y
12	0.016	0.021	0.015	0.03	4.81	Y
13	0.017	0.029	0.016	0.04	4.70	Y
14	0.018	0.043	0.016	0.04	4.77	Y
15	0.019	0.037	0.019	0.04	4.78	Y
16	0.020	0.028	0.016	0.03	4.78	Y
17	0.021	0.044	0.016	0.04	4.75	Y
18	0.018	0.028	0.016	0.04	4.77	Y
19	0.018	0.035	0.017	0.04	4.75	Y
20	0.018	0.039	0.016	0.03	4.80	Y
21	0.018	0.035	0.017	0.03	4.80	Y
22	0.018	0.036	0.017	0.03	4.82	Y
23	0.018	0.034	0.018	0.03	4.83	Y
24	0.018	0.026	0.019	0.03	4.77	Y
25	0.018	0.032	0.019	0.04	4.75	Y
26	0.018	0.03	0.020	0.03	4.84	Y
27	0.018	0.031	0.020	0.03	4.78	Y
28	0.018	0.043	0.021	0.03	4.85	Y
29	0.018	0.033	0.023	0.03	4.79	Y
30	0.019	0.036	0.024	0.03	4.77	Y
31	0.019	0.028	0.024	0.04	4.76	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:** 09/05/2025

SIGNATURE: [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

Revised 7/31/2023

♣ *Used for optimization purposes only.*

OHA-DWS

Disinfection Monthly Operating Report

System Name: **City of Jefferson WTP**

PWS ID#: 41 - **00408** **Month/Year:** **August-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	19.0	7.06	10.7	YES	800	CIP
2	1.020	35.1	35.8	19.0	7.02	10.5	YES	800	
3	1.040	35.1	36.5	18.4	7.02	11.0	YES	800	
4	1.060	35.1	37.2	17.0	7.07	12.3	YES	800	
5	0.990	35.1	34.7	17.5	7.10	11.9	YES	800	
6	1.000	35.1	35.1	17.8	7.06	11.5	YES	800	EFM
7	0.990	35.1	34.7	17.0	7.10	12.3	YES	800	EFM
8	0.980	35.1	34.4	16.9	7.09	12.4	YES	800	
9	1.010	35.1	35.5	18.1	7.12	11.6	YES	800	
10	0.980	35.1	34.4	19.2	7.08	10.6	YES	800	
11	0.990	35.1	34.7	20.7	7.12	9.7	YES	800	
12	0.980	35.1	34.4	20.3	7.06	9.7	YES	800	EFM
13	0.990	35.1	34.7	20.5	7.08	9.7	YES	800	EFM
14	1.010	35.1	35.5	20.0	7.10	10.1	YES	800	
15	1.010	35.1	35.5	18.9	7.04	10.6	YES	800	
16	1.030	35.1	36.2	17.8	7.04	11.5	YES	800	
17	0.990	35.1	34.7	17.7	7.09	11.7	YES	800	
18	1.070	35.1	37.6	17.4	7.09	12.1	YES	800	EFM
19	0.980	35.1	34.4	17.0	7.03	12.0	YES	800	EFM
20	0.970	35.1	34.0	17.7	7.10	11.8	YES	800	
21	0.990	35.1	34.7	17.9	7.05	11.4	YES	800	
22	0.940	35.1	33.0	18.1	7.03	11.1	YES	800	
23	0.960	35.1	33.7	19.1	7.12	10.8	YES	800	
24	0.970	35.1	34.0	18.6	7.16	11.3	YES	800	EFM
25	0.980	35.1	34.4	17.9	7.03	11.3	YES	800	EFM
26	0.970	35.1	34.0	17.6	7.02	11.5	YES	800	
27	0.960	35.1	33.7	17.4	7.03	11.7	YES	800	
28	1.010	35.1	35.5	18.2	7.06	11.2	YES	800	
29	0.970	35.1	34.0	17.9	7.08	11.5	YES	800	
30	0.980	35.1	34.4	17.4	7.04	11.7	YES	800	EFM
31	0.990	35.1	34.7	17.0	7.04	12.1	YES	800	EFM

♦ 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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