OHA - DWS

Membrane Filter Monthly Operating Report

System Name: **City of Jefferson WTP** County: **Marion**

PWS ID#: 41 - **00408** Month/Year: **Sep-2025**

Plant ID: WTP - **A** *(e.g., "A")* 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 | **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	0.019	0.44	0.026	0.04	4.74	Y
2	0.020	0.208	0.029	0.03	4.78	Y
3	0.021	0.566	0.031	0.03	4.80	Y
4	0.022	0.299	0.028	0.03	4.80	Y
5	0.021	0.049	0.028	0.04	4.80	Y
6	0.021	0.03	0.029	0.03	4.83	Y
7	0.021	0.04	0.031	0.03	4.80	Y
8	0.021	0.039	0.033	0.03	4.82	Y
9	0.025	0.035	0.033	0.04	4.77	Y
10	0.026	0.034	0.035	0.03	4.84	Y
11	0.024	0.046	0.034	0.04	4.73	Y
12	0.024	0.047	0.035	0.03	4.81	Y
13	0.024	0.037	0.035	0.04	4.75	Y
14	0.025	0.041	0.038	0.03	4.77	Y
15	0.013	0.044	0.017	0.04	4.71	Y
16	0.013	0.018	0.017	0.05	4.60	Y
17	0.014	0.031	0.017	0.04	4.73	Y
18	0.014	0.03	0.016	0.03	4.71	Y
19	0.014	0.035	0.016	0.04	4.68	Y
20	0.015	0.028	0.017	0.03	4.74	Y
21	0.016	0.033	0.017	0.04	4.74	Y
22	0.016	0.023	0.017	0.04	4.68	Y
23	0.013	0.04	0.014	0.04	4.72	Y
24	0.014	0.04	0.014	0.03	4.73	Y
25	0.014	0.032	0.014	0.04	4.72	Y
26	0.014	0.051	0.014	0.04	4.71	Y
27	0.014	0.021	0.014	0.04	4.72	Y
28	0.014	0.11	0.014	0.03	4.76	Y
29	0.014	0.026	0.015	0.03	4.80	Y
30	0.014	0.03	0.015	0.04	4.71	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:** **10/1/2025**

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.*

Revised 7/31/2023

Disinfection Monthly Operating Report

System Name: **City of Jefferson WTP**

PWS ID#: 41 - **00408** **Month/Year:** **Sep-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	1.000	35.1	35.1	17.3	7.02	11.8	YES	800	
2	0.990	35.1	34.7	17.5	7.05	11.7	YES	800	CIP
3	0.940	35.1	33.0	18.4	7.08	11.1	YES	800	CIP
4	1.000	35.1	35.1	16.4	7.04	12.6	YES	800	
5	0.980	35.1	34.4	17.1	7.05	12.0	YES	800	
6	0.970	35.1	34.0	16.6	6.99	12.1	YES	800	
7	0.960	35.1	33.7	16.0	6.97	12.5	YES	800	
8	0.990	35.1	34.7	15.6	7.09	13.5	YES	800	EFM
9	0.960	35.1	33.7	15.5	7.07	13.5	YES	800	
10	0.950	35.1	33.3	15.3	7.05	13.5	YES	800	
11	0.960	35.1	33.7	15.2	7.01	13.4	YES	800	
12	0.970	35.1	34.0	14.9	7.03	13.8	YES	800	
13	0.980	35.1	34.4	15.2	7.05	13.7	YES	800	
14	0.960	35.1	33.7	16.0	7.01	12.7	YES	800	
15	0.970	35.1	34.0	14.7	7.07	14.2	YES	800	
16	0.960	35.1	33.7	15.4	7.07	13.5	YES	700	EFM
17	0.970	35.1	34.0	16.1	7.05	12.8	YES	700	
18	0.930	35.1	32.6	16.2	7.04	12.7	YES	700	EFM
19	0.940	35.1	33.0	15.8	7.11	13.4	YES	700	
20	0.940	35.1	33.0	15.9	7.09	13.2	YES	700	
21	0.920	35.1	32.3	15.9	7.10	13.2	YES	700	
22	0.940	35.1	33.0	15.4	7.12	13.8	YES	700	
23	0.940	35.1	33.0	15.5	7.08	13.5	YES	700	
24	0.930	35.1	32.6	16.0	7.07	13.0	YES	700	EFM
25	0.950	35.1	33.3	16.2	7.08	12.9	YES	700	
26	0.950	35.1	33.3	15.4	7.02	13.3	YES	700	EFM
27	0.950	35.1	33.3	15.1	7.08	13.9	YES	700	
28	0.940	35.1	33.0	15.0	7.08	13.9	YES	700	
29	0.930	35.1	32.6	15.1	7.04	13.6	YES	700	
30	0.950	35.1	33.3	14.6	7.11	14.5	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

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