OHA - DWS

Membrane Filter Monthly Operating Report

County: **Marion**

System Name: **City of Jefferson WTP** Month/Year: **Nov-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} [$^{psi}/_{min}$] = **0.140**

LRC = Log Removal Credit | LRC [log removal] = **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	0.019	0.156	0.017	0.03	4.78	Y
2	0.019	0.036	0.017	0.04	4.70	Y
3	0.018	0.03	0.017	0.04	4.74	Y
4	0.018	0.025	0.018	0.04	4.68	Y
5	0.018	1	0.018	0.04	4.71	Y
6	0.018	0.031	0.018	0.03	4.76	Y
7	0.017	0.041	0.018	0.03	4.76	Y
8	0.017	0.022	0.018	0.04	4.76	Y
9	0.017	0.041	0.019	0.03	4.76	Y
10	0.017	0.025	0.019	0.04	4.73	Y
11	0.017	0.038	0.019	0.04	4.73	Y
12	0.016	0.031	0.019	0.04	4.73	Y
13	0.016	0.041	0.019	0.03	4.78	Y
14	0.016	0.026	0.019	0.03	4.76	Y
15	0.017	0.023	0.019	0.03	4.75	Y
16	0.016	0.031	0.019	0.03	4.71	Y
17	0.016	0.034	0.020	0.03	4.73	Y
18	0.016	0.026	0.020	0.04	4.70	Y
19	0.016	0.03	0.020	0.04	4.73	Y
20	0.016	0.029	0.021	0.03	4.75	Y
21	0.016	0.033	0.021	0.04	4.65	Y
22	0.016	0.022	0.021	0.04	4.74	Y
23	0.016	0.035	0.021	0.04	4.69	Y
24	0.016	0.029	0.022	0.04	4.68	Y
25	0.015	0.035	0.022	0.04	4.68	Y
26	0.016	0.021	0.022	0.04	4.73	Y
27	0.015	0.043	0.023	0.03	4.70	Y
28	0.015	0.028	0.023	0.04	4.72	Y
29	0.015	0.026	0.024	0.03	4.65	Y
30	0.015	0.022	0.025	0.04	4.68	Y
31				0.04		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:** 12/04/2025

SIGNATURE: Alex Kemmer **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.*

Disinfection Monthly Operating Report

System Name: **City of Jefferson WTP**

PWS ID#: 41 - **00408** **Month/Year:** **Nov-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	0.950	35.1	33.3	13.0	7.03	15.7	YES	600	
2	0.830	35.1	29.1	12.3	6.95	16.1	YES	600	
3	0.970	35.1	34.0	11.6	6.94	17.0	YES	700	
4	1.030	35.1	36.2	12.2	6.99	16.7	YES	600	
5	1.010	35.1	35.5	12.8	7.03	16.0	YES	600	
6	0.980	35.1	34.4	12.9	7.03	15.8	YES	700	
7	0.980	35.1	34.4	12.7	6.98	15.7	YES	700	
8	0.980	35.1	34.4	12.0	6.93	16.5	YES	700	
9	1.010	35.1	35.5	11.8	6.92	16.7	YES	700	EFM
10	1.070	35.1	37.6	12.2	7.07	17.3	YES	700	EFM
11	1.030	35.1	36.2	12.5	7.08	16.6	YES	700	
12	1.030	35.1	36.2	12.5	7.06	16.5	YES	700	
13	1.010	35.1	35.5	12.9	7.10	16.3	YES	700	
14	1.030	35.1	36.2	12.9	7.08	16.2	YES	700	
15	1.020	35.1	35.8	13.1	7.12	16.2	YES	600	
16	1.030	35.1	36.2	12.8	7.16	16.8	YES	600	
17	1.000	35.1	35.1	12.5	7.13	16.9	YES	700	
18	1.020	35.1	35.8	11.3	7.12	18.5	YES	700	
19	1.010	35.1	35.5	10.3	7.13	19.8	YES	700	EFM
20	1.030	35.1	36.2	10.8	7.14	19.3	YES	700	EFM
21	1.030	35.1	36.2	10.2	7.11	19.9	YES	700	
22	1.040	35.1	36.5	10.1	7.09	19.9	YES	700	
23	1.030	35.1	36.2	10.2	7.09	19.7	YES	700	
24	1.010	35.1	35.5	10.6	7.18	19.8	YES	700	
25	1.030	35.1	36.2	10.1	7.14	20.2	YES	700	
26	1.010	35.1	35.5	10.3	7.11	19.7	YES	700	
27	0.980	35.1	34.4	10.5	7.08	19.2	YES	700	
28	0.980	35.1	34.4	11.3	7.11	18.4	YES	700	
29	0.990	35.1	34.7	10.4	7.11	19.5	YES	700	EFM
30	1.000	35.1	35.1	10.2	7.09	19.7	YES	700	EFM
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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