

# OHA - DWS

## Membrane Filter Monthly Operating Report

County: **Marion**

System Name: **City of Jefferson WTP**

Month/Year: **Jan-2026**

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<sub>Max</sub> [<sup>psi</sup>/<sub>min</sub>]

LRC [log removal]

**0.140**

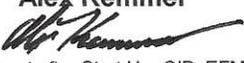
**4.00**

**DIT Daily**

Day	CFE Daily Turbidity [NTU]	Highest CFE* [NTU]	Highest IFE [NTU] (>15 min duration)	Highest PDR of day [ <sup>psi</sup> / <sub>min</sub> ]	Lowest LRV <sub>ambient</sub> of day [log removal]	[Y/N] or "off"
1	0.015	0.049	0.015	0.04	4.71	Y
2	0.015	0.04	0.015	0.04	4.70	Y
3	0.015	0.039	0.015	0.04	4.72	Y
4	0.015	0.023	0.015	0.04	4.66	Y
5	0.015	0.769	0.019	0.04	4.58	Y
6	0.017	0.965	0.017	0.04	4.67	Y
7	0.018	0.333	0.015	0.04	4.73	Y
8	0.015	0.078	0.013	0.04	4.71	Y
9	0.014	0.051	0.014	0.04	4.69	Y
10	0.013	0.028	0.013	0.04	4.64	Y
11	0.015	0.037	0.013	0.04	4.70	Y
12	0.015	0.024	0.013	0.04	4.66	Y
13	0.015	0.03	0.013	0.04	4.70	Y
14	0.015	0.023	0.013	0.04	4.66	Y
15	0.015	0.046	0.013	0.04	4.67	Y
16	0.015	0.128	0.013	0.04	4.65	Y
17	0.015	0.12	0.013	0.04	4.58	Y
18	0.015	0.05	0.013	0.04	4.32	Y
19	0.015	0.034	0.013	0.04	4.83	Y
20	0.015	0.025	0.013	0.04	4.69	Y
21	0.015	0.035	0.013	0.04	4.68	Y
22	0.015	0.021	0.013	0.04	4.65	Y
23	0.015	0.043	0.013	0.03	4.71	Y
24	0.015	0.018	0.013	0.04	4.63	Y
25	0.015	0.034	0.013	0.04	4.66	Y
26	0.015	0.05	0.013	0.05	4.63	Y
27	0.015	0.044	0.013	0.05	4.56	Y
28	0.015	0.088	0.014	0.04	4.59	Y
29	0.015	0.043	0.013	0.04	4.66	Y
30	0.015	0.042	0.013	0.04	4.67	Y
31	0.015	0.023	0.013	0.04	4.66	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 <sub>Max</sub> , LRV ≥ LRC)	DIT Daily?
Y	Y	Y	Y	Yes
CT's met daily? (p. 2)	All Cl <sub>2</sub> residual at EP ≥ 0.2 mg/L?	PDR ≤ PDR <sub>Max</sub> ?	LRV <sub>ambient</sub> ≥ LRC?	
Y	Y	Y	Y	

PRINTED NAME: **Alex Kemmer**      DATE: **2/2/2026**  
 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: **Jan-26**

**0.5**

← Log  
Inactivation  
Required via  
Disinfection

Plant ID : **WTP - A**

Day	Minimum Cl <sub>2</sub> Residual at 1 <sup>st</sup> 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	7.7	7.05	22.9	YES	700	
2	1.020	35.1	35.8	8.5	6.97	21.1	YES	700	
3	1.010	35.1	35.5	8.9	7.07	21.3	YES	700	
4	0.960	35.1	33.7	9.1	7.03	20.6	YES	700	
5	1.030	35.1	36.2	9.2	6.81	19.1	YES	700	CIP
6	1.060	35.1	37.2	8.6	6.88	20.4	YES	700	CIP
7	0.940	35.1	33.0	8.0	6.88	20.9	YES	700	
8	0.920	35.1	32.3	7.8	6.88	21.2	YES	700	
9	1.050	35.1	36.9	7.7	6.94	22.1	YES	700	
10	1.040	35.1	36.5	7.4	6.99	22.9	YES	700	
11	1.040	35.1	36.5	8.0	7.03	22.3	YES	700	
12	1.030	36.2	36.2	7.8	7.00	22.4	YES	700	
13	1.030	35.1	36.2	7.6	6.95	22.3	YES	700	
14	1.020	35.1	35.8	7.0	6.92	22.9	YES	700	
15	0.960	35.1	33.7	7.3	6.94	22.5	YES	700	
16	0.990	35.1	34.7	7.5	6.93	22.2	YES	700	EFM
17	1.020	35.1	35.8	7.3	6.99	23.0	YES	700	EFM
18	1.020	35.1	35.8	6.1	7.06	25.6	YES	700	
19	1.010	35.1	35.5	6.5	7.08	25.0	YES	700	
20	1.010	35.1	35.5	6.4	7.10	25.4	YES	700	
21	1.010	35.1	35.5	6.2	7.11	25.8	YES	700	
22	1.020	35.1	35.8	5.0	7.11	28.0	YES	700	
23	1.010	35.1	35.5	5.8	7.12	26.6	YES	700	
24	1.010	35.1	35.5	6.1	7.13	26.2	YES	700	
25	1.010	35.1	35.5	4.7	7.13	28.8	YES	700	
26	1.010	35.1	35.5	4.9	7.12	28.3	YES	700	
27	0.990	35.1	34.7	5.5	7.12	27.1	YES	700	EFM
28	0.970	35.1	34.0	6.3	7.15	25.9	YES	700	EFM
29	0.940	35.1	33.0	7.4	7.18	24.2	YES	700	
30	0.950	35.1	33.3	7.4	7.15	24.0	YES	700	
31	0.940	35.1	33.0	7.6	7.15	23.7	YES	700	

\* 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 10<sup>th</sup> of following month by**

mail: Drinking Water Services  
PO Box 14350  
Portland, OR 97293-0350  
email: [dwp.dmce@odhsoha.oregon.gov](mailto:dwp.dmce@odhsoha.oregon.gov)  
fax: 971-673-0458