Membrane Filter Monthly Operating Report

County: **Marion**

System Name: **City of Jefferson WTP**

Month/Year: **Feb-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] *a*

PDR = Pressure Decay Rate

LRC = Log Removal Credit

PDRMax [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 LRVambient of day [log removal]	DIT Daily [Y/N] or "off"
1	0.015	0.023	0.013	0.04	4.73	Y
2	0.015	0.516	0.015	0.04	4.64	Y
3	0.016	0.559	0.015	0.04	4.61	Y
4	0.016	0.265	0.013	0.04	4.69	Y
5	0.016	0.058	0.015	0.04	4.71	Y
6	0.016	0.06	0.013	0.04	4.64	Y
7	0.016	0.027	0.014	0.04	4.70	Y
8	0.016	0.026	0.014	0.03	4.72	Y
9	0.016	0.039	0.014	0.05	4.60	Y
10	0.016	0.025	0.013	0.04	4.59	Y
11	0.016	0.033	0.013	0.04	4.61	Y
12	0.016	0.022	0.013	0.04	4.64	Y
13	0.017	0.246	0.014	0.04	4.62	Y
14	0.017	0.086	0.013	0.04	4.67	Y
15	0.017	0.071	0.013	0.04	4.65	Y
16	0.017	0.026	0.013	0.04	4.68	Y
17	0.018	0.03	0.013	0.04	4.74	Y
18	0.013	0.017	0.013	0.04	4.65	Y
19	0.013	0.028	0.013	0.04	4.67	Y
20	0.013	0.016	0.013	0.04	4.68	Y
21	0.013	0.025	0.013	0.04	4.67	Y
22	0.013	0.017	0.013	0.04	4.65	Y
23	0.013	0.065	0.014	0.04	4.64	Y
24	0.013	0.031	0.013	0.04	4.66	Y
25	0.013	0.095	0.013	0.04	4.53	Y
26	0.013	0.036	0.013	0.04	4.68	Y
27	0.013	0.035	0.013	0.04	4.68	Y
28	0.013	0.017	0.013	0.04	4.68	Y
29						Y
30						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 ≤ PDRMax, LRV ≥ LRC)	DIT Daily?
Y	Y	Y	Y	Yes

CT's met daily? (p. 2)	All Cl2 residual at EP ≥ 0.2 mg/L?	PDR ≤ PDRMax?	LRVambient ≥ LRC?
Y	Y	Y	Y

PRINTED NAME: Alex Kemmer **DATE:** 03/05/2026

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

♣ Used for optimization purposes only.

Disinfection Monthly Operating Report

System Name: **City of Jefferson WTP**

PWS ID#: 41 - **00408** **Month/Year:** **Feb-26**

Plant ID : WTP - **A**

0.5 b Log Inactivation Required via Disinfection

Day	Minimum Cl2 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	0.940	35.1	33.0	8.0	7.17	23.2	YES	700	
2	0.960	35.1	33.7	8.4	7.18	22.7	YES	700	CIP
3	0.950	35.1	33.3	8.1	7.19	23.2	YES	700	CIP
4	0.930	35.1	32.6	7.9	7.17	23.3	YES	700	
5	0.950	35.1	33.3	8.3	7.14	22.5	YES	700	
6	0.940	35.1	33.0	7.4	7.09	23.5	YES	700	
7	0.970	35.1	34.0	7.3	7.06	23.5	YES	700	
8	0.890	35.1	31.2	7.9	7.07	22.4	YES	700	
9	0.780	35.1	27.4	8.1	7.10	22.1	YES	700	
10	0.890	35.1	31.2	7.9	6.88	21.0	YES	700	
11	1.000	35.1	35.1	7.1	7.00	23.3	YES	700	
12	0.990	35.1	34.7	7.3	7.04	23.3	YES	700	EFM
13	0.950	35.1	33.3	7.5	7.10	23.4	YES	700	
14	0.960	35.1	33.7	7.8	7.08	22.8	YES	700	EFM
15	0.920	35.1	32.3	7.7	7.07	22.8	YES	700	
16	0.940	35.1	33.0	7.7	7.06	22.8	YES	700	
17	0.900	35.1	31.6	6.4	7.04	24.5	YES	700	
18	0.970	35.1	34.0	6.5	7.07	24.8	YES	700	
19	0.970	35.1	34.0	6.6	7.06	24.6	YES	700	
20	0.910	35.1	31.9	6.6	7.09	24.7	YES	700	
21	0.870	35.1	30.5	7.0	7.07	23.7	YES	700	
22	1.350	35.1	47.4	7.6	7.03	23.8	YES	700	
23	0.720	35.1	25.3	8.1	7.07	21.7	YES	700	EFM
24	0.990	35.1	34.7	7.9	6.90	21.4	YES	700	
25	1.040	35.1	36.5	8.1	6.75	20.1	YES	700	EFM
26	1.050	35.1	36.9	7.7	6.79	21.0	YES	700	
27	1.030	35.1	36.2	7.1	6.91	22.7	YES	700	
28	1.020	35.1	35.8	7.4	6.89	22.1	YES	700	
29		35.1					YES		
30		35.1					YES		
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