

OHA - DWS

Membrane Filter Monthly Operating Report

County: **Marion**

System Name: **City of Jefferson WTP**

Month/Year: **Mar-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

PDR_{Max} [^{psi}/min]

LRC [log removal]

LRC = Log Removal Credit

0.140

4.00

**DIT
Daily**

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	0.013	0.03	0.013	0.04	4.68	Y
2	0.013	0.437	0.014	0.04	4.58	Y
3	0.014	0.24	0.017	0.04	4.60	Y
4	0.017	0.669	0.020	0.04	4.62	Y
5	0.014	0.106	0.014	0.04	4.68	Y
6	0.014	0.049	0.014	0.04	4.67	Y
7	0.013	0.033	0.013	0.04	4.72	Y
8	0.013	0.027	0.013	0.04	4.73	Y
9	0.013	0.021	0.013	0.04	4.69	Y
10	0.013	0.024	0.013	0.04	4.64	Y
11	0.013	0.029	0.013	0.04	4.68	Y
12	0.015	0.122	0.013	0.04	4.67	Y
13	0.013	0.054	0.013	0.04	4.64	Y
14	0.013	0.294	0.013	0.04	4.64	Y
15	0.014	0.056	0.013	0.04	4.66	Y
16	0.013	0.029	0.013	0.04	4.67	Y
17	0.013	0.019	0.013	0.04	4.67	Y
18	0.013	0.033	0.013	0.04	4.66	Y
19	0.013	0.028	0.013	0.03	4.74	Y
20	0.013	0.031	0.013	0.04	4.72	Y
21	0.013	0.025	0.013	0.04	4.69	Y
22	0.013	0.03	0.013	0.04	4.68	Y
23	0.013	0.031	0.013	0.04	4.72	Y
24	0.013	0.052	0.013	0.04	4.68	Y
25	0.013	0.027	0.013	0.04	4.66	Y
26	0.013	0.036	0.013	0.04	4.70	Y
27	0.013	0.028	0.013	0.04	4.69	Y
28	0.014	0.034	0.013	0.03	4.76	Y
29	0.014	0.023	0.013	0.04	4.71	Y
30	0.014	0.025	0.013	0.04	4.69	Y
31	0.014	0.028	0.013	0.04	4.68	Y

Compliance summary (operator to complete any blank fields)

95% of daily turbidity readings ≤ 1 NTU? [Y/N] Y	All turbidity readings ≤ 5 NTU? [Y/N] Y	All IFE turbidity readings ≤ 0.15 NTU? [Y/N] Y	Performance std met? [Y/N] (PDR ≤ PDR _{Max} , LRV ≥ LRC) Y	DIT Daily? Yes
CT's met daily? (p. 2) Y	All Cl ₂ residual at EP ≥ 0.2 mg/L? Y	PDR ≤ PDR _{Max} ? Y	LRV _{ambient} ≥ LRC? Y	

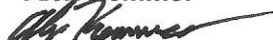
PRINTED NAME:

Alex Kemmer

DATE:

04/06/2026

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

Disinfection Monthly Operating Report

System Name: **City of Jefferson WTP**

PWS ID#: 41 - **00408**

Month/Year: **Mar-26**

0.5

↳ Log Inactivation Required via Disinfection

Plant ID : WTP - **A**

Day	Minimum Cl ₂ Residual at 1 st 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	1.010	35.1	35.5	7.6	6.99	22.5	YES	700	
2	1.010	35.1	35.5	9.0	7.00	20.6	YES	700	CIP
3	1.010	35.1	35.5	9.8	7.08	20.1	YES	700	CIP
4	1.050	35.1	36.9	9.6	6.93	19.4	YES	700	
5	0.960	35.1	33.7	8.9	6.95	20.3	YES	700	
6	0.990	35.1	34.7	8.4	6.92	20.8	YES	700	
7	0.950	35.1	33.3	9.0	7.01	20.6	YES	700	
8	0.970	35.1	34.0	9.6	7.03	19.9	YES	700	
9	0.980	35.1	34.4	9.0	7.07	21.1	YES	700	
10	0.910	35.1	31.9	8.4	7.08	21.8	YES	700	
11	0.910	35.1	31.9	7.9	7.06	22.4	YES	700	
12	0.880	35.1	30.9	8.3	7.04	21.6	YES	700	EFM
13	0.990	35.1	34.7	8.6	6.90	20.4	YES	700	
14	0.850	35.1	29.8	8.9	6.82	19.2	YES	700	EFM
15	1.060	35.1	37.2	7.7	6.84	21.4	YES	700	
16	0.990	35.1	34.7	8.5	6.91	20.6	YES	700	
17	0.930	35.1	32.6	9.4	6.87	19.0	YES	700	
18	0.900	35.1	31.6	9.7	6.90	18.8	YES	700	
19	0.910	35.1	31.9	10.2	7.00	18.9	YES	700	
20	0.910	35.1	31.9	10.2	6.91	18.3	YES	700	
21	0.800	35.1	28.1	10.2	6.99	18.6	YES	700	
22	0.860	35.1	30.2	9.3	7.06	20.3	YES	700	
23	0.930	35.1	32.6	9.5	7.12	20.6	YES	700	EFM
24	0.910	35.1	31.9	10.0	7.15	20.1	YES	700	EFM
25	0.900	35.1	31.6	9.5	7.10	20.4	YES	700	
26	0.910	35.1	31.9	9.3	7.08	20.6	YES	700	
27	0.890	35.1	31.2	8.9	7.12	21.4	YES	700	
28	1.000	35.1	35.1	9.4	7.13	21.0	YES	700	
29	1.000	35.1	35.1	9.6	7.13	20.7	YES	700	
30	0.920	35.1	32.3	8.9	7.17	21.8	YES	700	
31	0.900	35.1	31.6	9.5	7.15	20.8	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 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