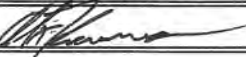


**OHA - Drinking Water Services - Surface Water Quality Data Form**  
**Slow Sand, Membrane, Diatomaceous Earth Filtration, or Unfiltered Systems**

County: **Marion**  
 Month/Year: **Oct-22**

System Name: **JEFFERSON, City of** ID#: **41 00408** WTP : **TP - WTP-A**

Day	12 AM [NTU]	4 AM [NTU]	8 AM [NTU]	NOON [NTU]	4 PM [NTU]	8 PM [NTU]	Highest Reading of the day <sup>1</sup> [NTU]
1	Off	Off	0.01	0.01	0.01	Off	0.01
2	Off	Off	0.01	0.01	Off	Off	0.01
3	Off	Off	0.01	0.01	0.01	Off	0.01
4	Off	Off	0.01	0.01	Off	Off	0.01
5	Off	Off	0.01	0.01	Off	Off	0.01
6	Off	Off	0.01	0.01	Off	Off	0.01
7	Off	Off	0.01	0.01	Off	Off	0.01
8	Off	Off	0.01	0.01	Off	Off	0.01
9	Off	Off	0.01	0.01	0.02	Off	0.02
10	Off	Off	0.02	0.02	Off	Off	0.02
11	Off	Off	0.02	0.02	Off	Off	0.02
12	Off	Off	0.01	0.01	Off	Off	0.01
13	Off	Off	0.01	0.01	Off	Off	0.01
14	Off	Off	0.01	0.01	Off	Off	0.01
15	Off	Off	0.01	0.01	Off	Off	0.01
16	Off	Off	0.01	0.01	Off	Off	0.01
17	Off	Off	0.01	0.01	Off	Off	0.01
18	Off	Off	0.01	0.01	Off	Off	0.01
19	Off	Off	0.01	0.01	Off	Off	0.01
20	Off	Off	0.01	0.01	Off	Off	0.01
21	Off	Off	0.01	0.01	Off	Off	0.01
22	Off	Off	0.01	0.01	Off	Off	0.01
23	Off	Off	0.01	0.01	Off	Off	0.01
24	Off	Off	0.01	0.01	Off	Off	0.01
25	Off	Off	0.01	0.01	Off	Off	0.01
26	Off	Off	0.01	0.01	Off	Off	0.01
27	Off	Off	0.01	0.01	Off	Off	0.01
28	Off	Off	0.01	0.01	Off	Off	0.01
29	Off	Off	0.01	0.01	Off	Off	0.01
30	Off	Off	0.01	0.01	Off	Off	0.01
31	Off	Off	0.02	0.01	Off	Off	0.02

<b>Slow Sand/Membrane/DE Filtration/Unfiltered</b>		<b>Monthly Summary (Answer Yes or No)</b>	
95% of daily turbidity readings ≤ 1 NTU? <sup>2</sup>	<input checked="" type="radio"/> Yes / <input type="radio"/> No	CT's met everyday? (see back)	All Cl <sub>2</sub> residual at entry point ≥ 0.2 mg/l?
All daily turbidity readings ≤ 5 NTU?	<input checked="" type="radio"/> Yes / <input type="radio"/> No	<input checked="" type="radio"/> Yes / <input type="radio"/> No	<input checked="" type="radio"/> Yes / <input type="radio"/> No
<b>Notes:</b>	<b>PRINTED NAME: Alex Kemmer</b>		
	<b>SIGNATURE:</b> 		<b>DATE:</b> 11/03/2022
	<b>PHONE #: (541) 327-1135</b>		<b>CERT #: T-478768</b>

<sup>1</sup> Including continuous NTU data, if applicable, for optimization recording purposes. Compliance values in columns 12 AM through 8 PM may not correspond to continuous readings' maximum. <sup>2</sup> Filtered systems only.

OHA - Drinking Water Services - Surface Water Quality Data Form

WTP - : WTP-A

System Name: JEFFERSON, City of ID#: 41-00408

October 2022

Disinfection *Giardia* Log  
Inactiv: 0.5

Date / Time	Minimum Cl <sub>2</sub> Residual at 1st User (C) <sup>3</sup>	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? <sup>3</sup>	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	<b>C X T</b>	[° C]		formula	Yes / No	[GPM]
1	1.02	35.1	35.8	14.3	7.00	14.3	Yes	700
2	1.03	35.1	36.2	14.9	7.00	13.8	Yes	700
3	1.04	35.1	36.5	15.0	7.02	13.8	Yes	700
4	1.03	35.1	36.2	14.8	7.04	14.1	Yes	700
5	1.06	35.1	37.2	13.8	7.01	14.9	Yes	700
6	1.04	35.1	36.5	13.6	7.04	15.2	Yes	700
7	1.05	35.1	36.9	13.6	7.06	15.4	Yes	700
8	1.01	35.1	35.5	13.8	7.04	15.0	Yes	700
9	1	35.1	35.1	13.8	7.07	15.1	Yes	700
10	1.01	35.1	35.5	13.7	7.06	15.2	Yes	700
11	1	35.1	35.1	13.9	7.08	15.1	Yes	700
12	1.04	35.1	36.5	13.5	7.06	15.5	Yes	700
13	1.04	35.1	36.5	13.2	7.14	16.3	Yes	700
14	1.04	35.1	36.5	13.1	7.06	15.9	Yes	700
15	1	35.1	35.1	13.2	7.27	17.0	Yes	700
16	1.02	35.1	35.8	13.0	7.25	17.1	Yes	700
17	1	35.1	35.1	13.8	7.07	15.1	Yes	700
18	0.9	35.1	31.6	13.3	7.09	15.6	Yes	700
19	1.07	35.1	37.6	12.6	7.03	16.3	Yes	700
20	1.03	35.1	36.2	12.5	7.10	16.8	Yes	700
21	1.04	35.1	36.5	12.2	7.12	17.5	Yes	700
22	1.01	35.1	35.5	12.2	7.18	17.8	Yes	700
23	1	35.1	35.1	12.0	7.19	18.1	Yes	700
24	1.01	35.1	35.5	12.3	7.14	17.5	Yes	700
25	1	35.1	35.1	12.4	7.10	17.1	Yes	700
26	1.03	35.1	36.2	12.6	7.17	17.1	Yes	700
27	1.05	35.1	36.9	11.7	7.00	17.4	Yes	700
28	1.04	35.1	36.5	12.2	7.03	17.0	Yes	700
29	1.03	35.1	36.2	13.2	7.10	16.0	Yes	700
30	1.02	35.1	35.8	13.9	7.09	15.2	Yes	700
31	1.01	35.1	35.5	14.5	7.05	14.4	Yes	700

<sup>3</sup> If Cl<sub>2</sub> at entry point < 0.2 mg/l or CT not met, notify DWS within 24 hours.

Revised July 2018

Return by 10th of following month by email, fax, or mail to:  
 dwp.dmce@state.or.us; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350