

OHA - DWS

Membrane Filter Monthly Operating Report

County: **Benton**

System Name: **City of Monroe**

Month/Year: **Feb-2024**

PWS ID#: 41 - **00540**

Minimum test pressure applied: **16.5** psi

Plant ID: WTP - **A2**

Minimum test pressure req'd: **11.4** psi

(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_{Max} [^{psi}/_{min}]

LRC [log removal]

0.950

3.50

DIT Daily

Day	CFE Daily Turbidity [NTU]	Highest CFE* [NTU]	Highest IFE [NTU]	Highest PDR of day [^{psi} / _{min}]	Lowest LRV _{ambient} of day [log removal]	[Y/N] or "off"
1	0.044		0.067	0.16	4.85	y
2	0.042		0.064	0.17	5.15	y
3						off
4						off
5	0.044		0.059	0.16	4.82	y
6	0.041		0.059	0.16	4.84	y
7	0.039		0.061	0.16	4.83	y
8	0.040		0.059	0.16	4.84	y
9	0.039		0.059	0.16	4.83	y
10						off
11						off
12	0.047		0.061	0.17	4.86	y
13	0.036		0.058	0.16	4.80	y
14	0.046		0.064	0.18	4.88	y
15	0.053	0.053	0.067	0.17	5.03	y
16	0.066	0.066	0.067	0.16	4.78	y
17						off
18						off
19						off
20	0.047		0.067	0.17	4.77	y
21	0.042		0.061	0.19	4.77	y
22	0.039		0.064	0.17	4.95	y
23	0.053	0.053	0.055	0.16	4.82	y
24						off
25						off
26	0.041		0.058	0.17	4.80	y
27	0.045		0.054	0.16	4.77	y
28	0.038		0.059	0.17	4.83	y
29	0.042		0.061	0.18	4.77	y
30						
31						

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?
Yes	Yes	Yes	Yes	Yes
CT's met daily? (p. 2)	All Cl ₂ residual at EP ≥ 0.2 mg/L?	PDR ≤ PDR _{Max} ?	LRV _{ambient} ≥ LRC?	
Yes	Yes	Yes	Yes	

PRINTED NAME: **Charles Scholz** DATE: **3/8/24**
 SIGNATURE:  WT CERT #: **6060**
 Notes: PHONE #: **(541) 995-6655**

♣ Used for optimization purposes only.

OHA-DWS

Disinfection Monthly Operating Report

System Name: City of Monroe

PWS ID#: 41 - 00540

Plant ID : WTP - A

0.5	↩ Log Inactivation Required via Disinfection
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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	1.120	49	54.9	11.0	7.90	25.1	YES	350	
2	0.680	49	33.3	11.5	8.20	25.7	YES	350	
3									Off
4				8.2	8.1				Off
5	0.970	49	47.5	8.4	8.2	32.9	YES	350	
6	1.760	49	86.2	9.6	8.20	33.1	YES	350	
7	1.420	49	69.6	9.4	7.80	27.9	YES	350	
8	1.660	49	81.3	9.4	7.90	29.8	YES	350	
9	1.610	49	78.9	9.3	8.10	32.0	YES	350	
10									Off
11									Off
12	1.260	49	61.7	9.3	8.10	30.8	YES	350	
13	1.370	49	67.1	9.7	7.90	28.2	YES	350	
14	1.820	49	89.2	8.7	8.00	33.0	YES	350	
15	1.220	49	59.8	8.7	7.80	28.6	YES	350	
16	0.680	49	33.3	8.9	8.00	28.5	YES	350	
17									Off
18									Off
19									Off
20	1.140	49	55.9	9.4	7.80	27.0	YES	350	
21	1.490	49	73.0	9.4	7.90	29.2	YES	350	
22	1.280	49	62.7	9.7	7.90	27.9	YES	350	
23	1.120	49	54.9	10.1	8.00	27.7	YES	350	
24									Off
25									Off
26	1.090	49	53.4	10.2	8.00	27.4	YES	350	
27	1.580	49	77.4	10.3	8.30	32.1	YES	350	
28	1.140	49	55.9	9.8	8.00	28.3	YES	350	
29	0.830	49	40.7	9.3	7.90	27.2	YES	350	
30									
31									

* 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