

# OHA - DWS

## Membrane Filter Monthly Operating Report

County: **Benton**

System Name: **City of Monroe**

Month/Year: **Mar-2024**

PWS ID#: 41 - **00540**

Minimum test pressure applied: **16.5** psi

Plant ID: WTP - **A**  
(e.g., "A")

Minimum test pressure req'd: **11.5** psi

DIT = Direct Integrity Test on filter(s) [Yes, No, or "off" if all filters are offline] ⇌


PDR = Pressure Decay Rate

LRC = Log Removal Credit

Day	CFE Daily Turbidity [NTU]	Highest CFE* [NTU]	Highest IFE [NTU]	Highest PDR of day [ <sup>psi</sup> / <sub>min</sub> ]	Lowest LRV <sub>ambient</sub> of day [log removal]	DIT Daily
				<b>0.500</b>	<b>3.50</b>	
1						Off
2						Off
3						Off
4	0.053	0.053	0.053	0.48	3.90	Yes
5	0.050		0.050	0.48	3.90	Yes
6	0.040		0.040	0.47	3.92	Yes
7	0.039		0.039	0.48	3.93	Yes
8	0.039		0.039	0.47	3.94	Yes
9						Off
10						Off
11	0.037		0.037	0.49	3.93	Yes
12	0.041		0.041	0.46	3.92	Yes
13	0.040		0.040	0.47	3.93	Yes
14	0.038		0.038	0.47	3.92	Yes
15	0.038		0.038	0.46	3.93	Yes
16						Off
17						Off
18	0.040		0.040	0.48	3.93	Yes
19	0.044		0.044	0.49	3.92	Yes
20	0.041		0.041	0.49	3.93	Yes
21	0.044		0.044	0.49	3.92	Yes
22	0.041		0.041	0.47	3.93	Yes
23						Off
24						Off
25	0.046		0.046	0.47	3.94	Yes
26	0.041		0.041	0.50	3.91	Yes
27	0.041		0.041	0.49	3.92	Yes
28	0.052	0.052	0.052	0.48	3.91	Yes
29	0.049		0.049	0.48	3.91	Yes
30						Off
31						Off

**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?
Yes	Yes	Yes	Yes	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?	
Yes	Yes	Yes	Yes	

PRINTED NAME: **Charles Scholz**      DATE: **4-3-24**  
 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

<b>0.5</b>	↩ Log Inactivation Required via Disinfection
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Day	Minimum Cl <sub>2</sub> Residual at 1 <sup>st</sup> User ( C ) * [ <sup>mg</sup> / <sub>L</sub> = 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									Off
2									Off
3									Off
4	0.970	49	47.5	9.0	8.06	29.9	YES	350	
5	1.720	49	84.3	7.6	7.93	34.3	YES	350	
6	1.420	49	69.6	7.5	7.94	33.4	YES	350	
7	1.200	49	58.8	7.6	7.91	32.0	YES	350	
8	1.220	49	59.8	7.9	8.23	35.3	YES	350	
9									Off
10									Off
11	0.920	49	45.1	8.3	7.94	29.9	YES	350	
12	1.040	49	51.0	9.1	8.13	30.7	YES	350	
13	0.720	49	35.3	9.1	8.00	28.3	YES	350	
14	1.760	49	86.2	9.6	8.21	33.3	YES	350	
15	1.630	49	79.9	9.1	8.21	33.9	YES	350	
16									Off
17									Off
18	1.140	49	55.9	9.9	7.94	27.5	YES	350	
19	1.080	49	52.9	11.1	7.76	23.6	YES	350	
20	1.270	49	62.2	11.9	7.93	24.3	YES	350	
21	1.350	49	66.2	12.6	8.02	24.2	YES	350	
22	1.400	49	68.6	12.5	7.77	22.4	YES	350	
23									Off
24									Off
25	0.990	49	48.5	12.4	8.00	23.4	YES	350	
26	1.100	49	53.9	11.5	8.13	26.3	YES	350	
27	1.430	49	70.1	11.7	7.94	25.2	YES	350	
28	0.880	49	43.1	11.3	7.53	21.0	YES	350	
29	0.940	49	46.1	10.6	7.65	23.1	YES	350	
30									Off
31									Off

\* If chlorine concentration at entry point < 0.2 <sup>mg</sup>/<sub>L</sub>, 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