

OHA - DWS

Membrane Filter Monthly Operating Report

County: **Benton**

System Name: **City of Monroe**

Month/Year: **Apr-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

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

LRC [log removal]

0.500

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	0.042		0.061	0.50	3.89	Yes
2	0.062	0.062	0.068	0.48	3.90	Yes
3	0.052	0.052	0.071	0.47	3.92	Yes
4	0.056	0.056	0.071	0.47	3.91	Yes
5	0.052	0.053	0.071	0.48	3.91	Yes
6						Off
7						Off
8	0.046		0.068	0.48	3.91	Yes
9	0.044		0.068	0.49	3.89	Yes
10	0.045		0.067	0.47	3.91	Yes
11	0.046		0.065	0.49	3.89	Yes
12	0.048		0.065	0.49	3.89	Yes
13						Off
14						Off
15	0.048		0.071	0.48	3.90	Yes
16	0.047		0.067	0.49	3.89	Yes
17	0.059	0.059	0.067	0.48	3.90	Yes
18	0.046		0.065	0.48	3.89	Yes
19	0.056	0.056	0.072	0.48	3.89	Yes
20						Off
21						Off
22	0.043		0.068	0.47	3.90	Yes
23	0.041		0.065	0.48	3.89	Yes
24	0.044		0.067	0.48	3.98	Yes
25	0.042		0.067	0.49	3.88	Yes
26	0.044		0.071	0.48	3.89	Yes
27						Off
28						Off
29	0.045		0.090	0.48	3.89	Yes
30	0.041		0.093	0.48	3.88	Yes
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: **05-09-24**

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

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	49	49.5	11.1	7.63	22.4	YES	350	
2	2.060	49	100.9	13.0	8.14	26.7	YES	350	
3	1.530	49	75.0	13.2	7.84	22.2	YES	350	
4	1.310	49	64.2	13.4	8.12	23.7	YES	350	
5	1.930	49	94.6	12.4	7.83	24.5	YES	350	
6									Off
7									Off
8	1.580	49	77.4	11.2	8.11	28.2	YES	350	
9	1.260	49	61.7	12.3	8.36	27.6	YES	350	
10	1.240	49	60.8	12.5	8.11	24.9	YES	350	
11	1.280	49	62.7	12.7	8.16	25.1	YES	350	
12	1.430	49	70.1	13.0	8.01	23.7	YES	350	
13									Off
14									Off
15	0.720	49	35.3	13.2	8.05	21.9	YES	350	
16	0.770	49	37.7	13.0	7.95	21.5	YES	350	
17	1.140	49	55.9	12.6	8.03	23.7	YES	350	
18	1.360	49	66.6	12.5	8.07	24.9	YES	350	
19	1.430	49	70.1	12.7	7.92	23.4	YES	350	
20									Off
21									Off
22	1.060	49	51.9	13.2	8.08	23.0	YES	350	
23	1.520	49	74.5	13.6	8.01	23.0	YES	350	
24	1.280	49	62.7	14.4	8.23	23.0	YES	350	
25	1.190	49	58.3	15.0	8.14	21.2	YES	350	
26	1.540	49	75.5	15.2	8.27	22.8	YES	350	
27									Off
28									Off
29	1.090	49	53.4	14.5	8.13	21.6	YES	350	
30	1.310	49	64.2	13.8	8.20	23.8	YES	350	
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