

OHA - DWS

Membrane Filter Monthly Operating Report

County: **Benton**

System Name: **City of Monroe**

Month/Year: **May-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}]
0.500

LRC [log removal]
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	0.050		0.067	0.47	3.90	y
2	0.041		0.054	0.48	3.89	y
3	0.042		0.068	0.48	3.87	y
4						off
5						off
6	0.041		0.056	0.47	3.88	y
7	0.039		0.094	0.49	3.86	y
8	0.036		0.072	0.45	3.88	y
9	0.041		0.068	0.49	3.87	y
10	0.035		0.068	0.48	3.87	y
11						off
12						off
13	0.053	0.053	0.061	0.49	3.87	y
14	0.045		0.074	0.50	3.84	y
15	0.046		0.071	0.50	3.84	y
16	0.039		0.082	0.49	3.86	y
17	0.042		0.058	0.46	3.88	y
18						off
19						off
20	0.043		0.078	0.48	3.85	y
21	0.044		0.074	0.47	3.90	y
22	0.041		0.061	0.48	3.87	y
23	0.042		0.069	0.47	3.87	y
24	0.042		0.065	0.46	3.88	y
25						off
26						off
27						off
28	0.045		0.081	0.49	3.86	y
29	0.041		0.101	0.47	3.87	y
30	0.043		0.072	0.49	3.85	y
31	0.036		0.075	0.49	3.85	y

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: **6-10-24**

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	1.390	49	68.1	13.6	8.15	23.9	YES	350	
2	1.250	49	61.3	13.7	8.09	22.9	YES	350	
3	1.430	49	70.1	14.2	8.12	22.8	YES	350	
4									Off
5									Off
6	0.940	49	46.1	13.7	8.06	21.8	YES	350	
7	1.160	49	56.8	13.3	7.86	21.3	YES	350	
8	1.230	49	60.3	13.4	7.95	22.1	YES	350	
9	1.250	49	61.3	13.4	7.98	22.4	YES	350	
10	1.300	49	63.7	14.4	7.98	21.1	YES	350	
11									Off
12									Off
13	0.900	49	44.1	16.1	7.88	17.3	YES	350	
14	1.490	49	73.0	17.9	7.81	16.0	YES	350	
15	1.370	49	67.1	17.9	7.84	16.0	YES	350	
16	1.200	49	58.8	17.7	7.99	16.8	YES	350	
17	1.300	49	63.7	18.2	8.06	16.9	YES	350	
18									Off
19									Off
20	1.340	49	65.7	17.4	7.75	15.9	YES	350	
21	2.120	49	103.9	16.6	8.28	22.3	YES	350	
22	1.490	49	73.0	17.1	8.16	19.2	YES	350	
23	1.020	49	50.0	16.3	8.00	18.1	YES	350	
24	1.090	49	53.4	17.3	7.82	16.0	YES	350	
25									Off
26									Off
27									Off
28	0.610	49	29.9	17.6	7.94	15.5	YES	350	
29	1.250	49	61.3	18.5	7.80	14.9	YES	350	
30	0.710	49	34.8	17.2	7.81	15.4	YES	350	
31	1.190	49	58.3	18.4	7.88	15.4	YES	350	

* 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

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