

OHA - DWS

Membrane Filter Monthly Operating Report

County: **Benton**

System Name: **City of Monroe**

Month/Year: **Jun-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						off
2						off
3	0.049		0.075	0.49	3.85	Yes
4	0.039		0.068	0.49	3.85	Yes
5	0.039		0.071	0.48	3.85	Yes
6	0.036		0.078	0.48	3.84	Yes
7	0.038		0.094	0.47	3.84	Yes
8						off
9						off
10	0.044		0.078	0.50	3.82	Yes
11	0.045		0.090	0.50	3.83	Yes
12	0.043		0.074	0.47	3.85	Yes
13	0.038		0.072	0.47	3.84	Yes
14	0.049		0.081	0.49	3.82	Yes
15						off
16						off
17	0.044		0.075	0.49	3.83	Yes
18	0.040		0.085	0.47	3.85	Yes
19						off
20	0.039		0.067	0.48	3.83	Yes
21	0.041		0.069	0.47	3.83	Yes
22						off
23						off
24	0.050		0.088	0.48	3.82	Yes
25	0.043		0.082	0.49	3.81	Yes
26	0.041		0.081	0.48	3.81	Yes
27	0.043		0.084	0.48	3.81	Yes
28	0.036		0.088	0.48	3.82	Yes
29						off
30						off
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: **7-9-24**

SIGNATURE: 

WT CERT #: **6060**

Notes:

PHONE #: **(541) 995-6655**

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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									Off
2									Off
3	0.790	49	38.7	18.4	7.83	14.4	YES	350	
4	1.310	49	64.2	18.2	7.92	16.0	YES	350	
5	1.140	49	55.9	18.2	8.03	16.4	YES	350	
6	1.090	49	53.4	19.3	7.81	13.9	YES	350	
7	1.180	49	57.8	20.4	7.96	13.8	YES	350	
8									Off
9									Off
10	1.260	49	61.7	21.7	8.09	13.4	YES	350	
11	1.630	49	79.9	22.7	7.89	12.2	YES	350	
12	1.200	49	58.8	21.7	7.89	12.4	YES	350	
13	1.430	49	70.1	21.3	8.04	13.8	YES	350	
14	1.720	49	84.3	21.7	8.04	13.9	YES	350	
15									Off
16									Off
17	1.350	49	66.2	20.4	7.91	13.9	YES	350	
18	1.440	49	70.6	18.3	7.95	16.3	YES	350	
19									Off
20	1.160	49	56.8	19.6	8.03	14.9	YES	350	
21	1.470	49	72.0	21.7	7.90	12.8	YES	350	
22									Off
23									Off
24	1.240	49	60.8	22.2	8.04	12.7	YES	350	
25	1.400	49	68.6	22.7	7.86	11.7	YES	350	
26	1.520	49	74.5	23.4	7.99	11.9	YES	350	
27	1.310	49	64.2	22.2	7.93	12.3	YES	350	
28	1.500	49	73.5	21.3	8.05	14.0	YES	350	
29									Off
30									Off
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