

OHA - DWS

Membrane Filter Monthly Operating Report

County: **Benton**

System Name: **City of Monroe**

Month/Year: **Jul-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]	DIT Daily
0.500	3.50	

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		0.086	0.49	3.80	
2	0.043		0.079	0.49	3.79	
3	0.042		0.080	0.50	3.77	
4	0.042		0.072	0.50	3.80	
5	0.044		0.077	0.48	3.79	
6	0.043		0.081	0.49	3.77	
7	0.045		0.079	0.50	3.78	
8	0.043		0.075	0.49	3.74	
9	0.056	0.056	0.079	0.49	3.77	
10	0.057	0.057	0.078	0.49	3.78	
11	0.070	0.07	0.075	0.50	3.77	
12	0.057	0.057	0.080	0.49	3.76	
13						Off
14						Off
15	0.064	0.064	0.078	0.48	3.78	
16	0.074	0.074	0.068	0.48	3.79	
17	0.061	0.061	0.074	0.47	3.78	
18	0.065	0.065	0.075	0.48	3.78	
19	0.060	0.06	0.075	0.46	3.79	
20						Off
21						Off
22	0.082	0.082	0.088	0.50	3.75	
23	0.068	0.068	0.078	0.48	3.76	
24	0.050		0.067	0.46	3.77	
25	0.050		0.071	0.49	3.76	
26	0.047		0.072	0.47	3.76	
27						Off
28						Off
29	0.074	0.074	0.078	0.48	3.75	
30	0.061	0.061	0.072	0.45	3.78	
31	0.052	0.052	0.075	0.47	3.75	

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: **8-8-24**

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	0.670	49	32.8	22.0	7.90	11.5	YES	350	
2	1.610	49	78.9	24.5	7.88	10.7	YES	350	
3	0.880	49	43.1	24.0	7.86	10.1	YES	350	
4	1.700	49	83.3	23.9	7.77	10.8	YES	350	
5	1.180	49	57.8	23.6	7.87	10.8	YES	350	
6	1.250	49	61.3	24.3	7.81	10.1	YES	350	
7	1.090	49	53.4	24.7	7.93	10.1	YES	350	
8	0.970	49	47.5	24.9	8.05	10.3	YES	350	
9	1.340	49	65.7	26.5	8.01	9.5	YES	350	
10	1.470	49	72.0	27.2	8.19	9.9	YES	350	
11	1.130	49	55.4	26.7	8.11	9.5	YES	350	
12	1.060	49	51.9	26.2	7.98	9.3	YES	350	
13									Off
14									Off
15	0.770	49	37.7	25.9	7.99	9.2	YES	350	
16	1.390	49	68.1	26.7	7.97	9.3	YES	350	
17	1.270	49	62.2	25.9	7.95	9.6	YES	350	
18	1.250	49	61.3	25.5	8.06	10.3	YES	350	
19	1.360	49	66.6	25.7	7.90	9.7	YES	350	
20									Off
21									Off
22	0.910	49	44.6	26.6	8.05	9.1	YES	350	
23	1.770	49	86.7	25.1	8.06	11.2	YES	350	
24	1.620	49	79.4	24.3	8.05	11.6	YES	350	
25	1.850	49	90.7	24.7	7.88	10.9	YES	350	
26	1.760	49	86.2	24.0	8.07	12.1	YES	350	
27									Off
28									Off
29	0.940	49	46.1	23.8	8.13	11.4	YES	350	
30	1.840	49	90.2	23.6	7.86	11.6	YES	350	
31	1.450	49	71.1	23.3	7.84	11.2	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