

OHA - DWS

Membrane Filter Monthly Operating Report

County: **Benton**

System Name: **City of Monroe**

Month/Year: **Aug-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	0.050		0.075	0.48	3.73	
2	0.048		0.088	0.48	3.73	
3						Off
4						Off
5	0.062	0.062	0.072	0.48	3.73	
6	0.057	0.057	0.071	0.46	3.76	
7	0.081	0.081	0.074	0.47	3.73	
8	0.052	0.052	0.072	0.45	3.75	
9	0.049		0.068	0.47	3.72	
10						Off
11						Off
12	0.072	0.072	0.074	0.46	3.74	
13	0.063	0.063	0.072	0.47	3.71	
14	0.052	0.052	0.078	0.47	3.73	
15	0.046		0.072	0.46	3.72	
16	0.042		0.071	0.46	3.72	
17						Off
18						Off
19	0.058	0.058	0.078	0.46	3.74	
20	0.040		0.081	0.46	3.72	
21	0.040		0.090	0.45	3.74	
22	0.068	0.068	0.093	0.47	3.71	
23	0.043		0.068	0.43	3.76	
24						Off
25						Off
26	0.051	0.051	0.067	0.47	3.72	
27	0.045		0.074	0.43	3.74	
28	0.040		0.072	0.43	3.75	
29	0.043		0.075	0.43	3.81	
30	0.074	0.074	0.072	0.46	3.78	
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 _{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: **9-10-2024**
 SIGNATURE:  WT CERT #: **6060**
 Notes: PHONE #: **(541) 995-6655**

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	1.530	49	75.0	24.5	7.88	10.6	YES	350	
2	1.450	49	71.1	25.7	8.14	10.7	YES	350	
3									Off
4									Off
5	0.720	49	35.3	25.8	7.92	9.0	YES	350	
6	1.230	49	60.3	26.0	7.88	9.3	YES	350	
7	1.350	49	66.2	25.2	7.80	9.6	YES	350	
8	1.200	49	58.8	25.0	7.97	10.2	YES	350	
9	1.390	49	68.1	25.5	7.85	9.7	YES	350	
10									Off
11									Off
12	0.870	49	42.6	25.1	8.05	10.1	YES	350	
13	1.580	49	77.4	23.8	8.11	12.2	YES	350	
14	1.190	49	58.3	22.7	8.04	12.2	YES	350	
15	1.270	49	62.2	23.4	7.94	11.3	YES	350	
16	1.230	49	60.3	22.3	7.93	12.1	YES	350	
17									Off
18									Off
19	0.910	49	44.6	23.2	7.82	10.5	YES	350	
20	1.030	49	50.5	22.6	7.92	11.6	YES	350	
21	1.130	49	55.4	22.6	7.83	11.3	YES	350	
22	0.940	49	46.1	22.1	8.09	12.6	YES	350	
23	1.830	49	89.7	21.4	7.98	14.0	YES	350	
24									Off
25									Off
26	0.580	49	28.4	20.8	8.17	13.6	YES	350	
27	1.370	49	67.1	22.8	8.06	12.5	YES	350	
28	0.580	49	28.4	21.8	8.14	12.6	YES	350	
29	1.210	49	59.3	21.3	7.92	12.9	YES	350	
30	1.280	49	62.7	22.0	7.92	12.4	YES	350	
31									Off

* 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