

OHA - DWS

Membrane Filter Monthly Operating Report

County: **Benton**

System Name: **City of Monroe**

Month/Year: **Sep-2024**

PWS ID#: 41 - **00540**

Minimum test pressure applied: **16.5** psi

Plant ID: WTP - **A**

Minimum test pressure req'd: **11.5** psi

(e.g., "A")

DIT = Direct Integrity Test on filter(s) [Yes, No, or "off" if all filters are offline] ⇨

PDR = Pressure Decay Rate

LRC = Log Removal Credit

Day	CFE Daily Turbidity [NTU]	Highest CFE* [NTU]	Highest IFE [NTU]	PDR _{Max} [^{psi} / _{min}]		LRC [log removal]	DIT Daily
				0.500	3.50		
				Highest PDR of day [^{psi} / _{min}]	Lowest LRV _{ambient} of day [log removal]		[Y/N] or "off"
1							Off
2							Off
3	0.076	0.076	0.088	0.45	3.81		
4	0.068	0.068	0.087	0.46	3.81		
5	0.058	0.058	0.080	0.48	3.79		
6	0.048		0.068	0.47	3.79		
7							Off
8							Off
9	0.053	0.053	0.079	0.49	3.77		
10	0.049		0.064	0.49	3.80		
11	0.051	0.051	0.071	0.48	3.82		
12	0.052	0.052	0.071	0.48	3.80		
13	0.047		0.067	0.46	3.82		
14							Off
15							Off
16	0.049		0.068	0.48	3.82		
17	0.048		0.068	0.49	3.80		
18	0.050		0.068	0.49	3.81		
19	0.049		0.068	0.49	3.80		
20	0.048		0.072	0.48	3.82		
21							Off
22							Off
23	0.052	0.052	0.072	0.46	3.82		
24	0.039		0.078	0.49	3.79		
25	0.041		0.082	0.49	3.81		
26	0.040		0.078	0.46	3.84		
27	0.055	0.055	0.081	0.48	3.82		
28							Off
29							Off
30	0.035		0.068	0.47	3.83		
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: **10-9-24**
 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									Off
2									Off
3	0.670	49	32.8	21.9	7.92	11.6	YES		
4	1.050	49	51.5	22.2	7.91	11.9	YES		
5	1.670	49	81.8	22.7	8.17	13.6	YES		
6	1.410	49	69.1	22.9	7.83	11.4	YES		
7									Off
8									Off
9	0.720	49	35.3	23.0	7.90	10.8	YES		
10	1.150	49	56.4	23.6	7.97	11.2	YES		
11	1.150	49	56.4	23.3	8.00	11.5	YES		
12	1.100	49	53.9	21.6	8.15	13.6	YES		
13	1.420	49	69.6	20.8	8.14	14.8	YES		
14									Off
15									Off
16	0.720	49	35.3	21.3	8.17	13.4	YES		
17	0.970	49	47.5	21.1	7.97	12.9	YES		
18	1.110	49	54.4	19.8	8.10	15.1	YES		
19	1.150	49	56.4	20.1	8.04	14.5	YES		
20	1.000	49	49.0	20.8	7.95	13.1	YES		
21									Off
22									Off
23	0.920	49	45.1	20.4	8.10	14.2	YES		
24	1.220	49	59.8	20.4	8.10	14.6	YES		
25	1.610	49	78.9	21.1	8.00	14.1	YES		
26	1.430	49	70.1	20.2	7.91	14.2	YES		
27	1.250	49	61.3	19.1	7.94	15.1	YES		
28									Off
29									Off
30	0.960	49	47.0	18.8	7.87	14.5	YES		
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