

OHA - DWS

Membrane Filter Monthly Operating Report

System Name: **City of Monroe**

County: **Benton**

PWS ID#: 41 - **00540**

Month/Year: **Oct-2024**

Plant ID: WTP - **A**
(e.g., "A")

Minimum test pressure applied: **16.5** psi

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

PDR_{Max} [^{psi}/_{min}]

LRC [log removal]

LRC = Log Removal Credit

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	0.037		0.067	0.47	3.83	
2	0.042		0.093	0.48	3.82	
3	0.054	0.054	0.064	0.46	3.84	
4						Off
5						Off
6						Off
7	0.043		0.059	0.46	3.91	
8	0.063	0.063	0.052	0.49	3.84	
9	0.116	0.116	0.052	0.48	3.88	
10	0.073	0.073	0.052	0.48	3.84	
11	0.055	0.055	0.052	0.46	3.91	
12						Off
13						Off
14	0.051	0.051	0.058	0.47	3.89	
15	0.054	0.054	0.054	0.48	3.88	
16	0.052	0.052	0.052	0.49	3.86	
17	0.048		0.052	0.48	3.85	
18	0.044		0.052	0.48	3.85	
19						Off
20						Off
21	0.042		0.056	0.49	3.84	
22	0.054	0.054	0.058	0.47	3.87	
23	0.112	0.112	0.058	0.49	3.89	
24	0.091	0.091	0.058	0.49	3.84	
25	0.063	0.063	0.065	0.49	3.87	
26						Off
27						Off
28	0.044		0.059	0.49	3.85	
29	0.101	0.101	0.067	0.49	3.86	
30	0.038		0.058	0.49	3.85	
31	0.057	0.057	0.058	0.49	3.87	

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**

SIGNATURE: 

Notes:

DATE: **11/9/24**

WT CERT #: **6060**

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

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	1.290	49	63.2	18.1	7.92	16.1	YES	350	
2	1.810	49	88.7	18.1	7.94	17.2	YES	350	
3	1.510	49	74.0	17.6	8.19	18.9	YES	350	
4									Off
5									Off
6									Off
7	0.710	49	34.8	17.3	8.20	17.6	YES	350	
8	0.920	49	45.1	17.1	8.00	17.0	YES	350	
9	2.520	49	123.5	17.0	7.98	20.4	YES	350	
10	2.010	49	98.5	16.9	8.17	20.7	YES	350	
11	1.620	49	79.4	16.7	8.16	20.0	YES	350	
12									Off
13									Off
14	0.940	49	46.1	16.7	8.27	19.3	YES	350	
15	1.400	49	68.6	17.4	7.98	17.5	YES	350	
16	1.180	49	57.8	17.5	7.86	16.2	YES	350	
17	1.140	49	55.9	17.2	7.86	16.4	YES	350	
18	1.060	49	51.9	16.7	8.30	19.8	YES	350	
19									Off
20									Off
21	0.720	49	35.3	16.3	8.16	18.6	YES	350	
22	1.310	49	64.2	16.4	7.93	18.1	YES	350	
23	0.900	49	44.1	15.8	7.94	18.1	YES	350	
24	2.100	49	102.9	15.3	8.01	22.0	YES	350	
25	1.440	49	70.6	14.5	8.14	22.6	YES	350	
26									Off
27									Off
28	1.290	49	63.2	14.6	8.37	24.0	YES	350	
29	1.310	49	64.2	14.8	8.01	20.8	YES	350	
30	1.320	49	64.7	14.3	8.07	22.0	YES	350	
31	1.310	49	64.2	13.6	8.06	22.9	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