OHA - DWS

Membrane Filter Monthly Operating Report

System Name: **City of Monroe** | County: **Benton**

PWS ID#: 41 - **00540** | Month/Year: **Dec-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} [$^{psi}/_{min}$]: **0.500**

LRC = Log Removal Credit | LRC [log removal]: **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]	DIT Daily [Y/N] or "off"
1	0.069	0.069	0.059	0.49	3.88	Yes
2	0.052	0.052	0.065	0.49	3.87	Yes
3	0.057	0.057	0.061	0.50	3.88	Yes
4	0.047		0.059	0.50	3.89	Yes
5	0.050		0.056	0.49	3.90	Yes
6	0.074	0.074	0.058	0.49	3.89	Yes
7						Off
8						Off
9	0.082	0.082	0.064	0.49	3.89	Yes
10	0.057	0.057	0.059	0.50	3.86	Yes
11	0.040		0.059	0.50	3.87	Yes
12	0.041		0.059	0.50	3.89	Yes
13	0.040		0.059	0.50	3.88	Yes
14						Off
15						Off
16	0.062	0.062	0.061	0.50	3.85	Yes
17	0.044		0.069	0.50	3.82	Yes
18	0.045		0.065	0.20	4.58	Yes
19	0.060	0.06	0.080	0.20	4.56	Yes
20	0.049		0.109	0.18	4.24	Yes
21	0.039		0.119	0.18	4.25	Yes
22						Off
23	0.041		0.119	0.22	4.24	Yes
24	0.037		0.114	0.21	4.24	Yes
25						Off
26	0.040		0.116	0.21	4.23	Yes
27	0.040		0.104	0.21	4.23	Yes
28	0.051	0.051	0.103	0.20	4.26	Yes
29						Off
30	0.041		0.061	0.20	4.56	Yes
31	0.041		0.099	0.22	4.22	Yes

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:** 1/10/25

SIGNATURE: Chas Scholz **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 1st 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	1.030	49	50.5	6.0	7.97	35.8	YES	350	
2	1.650	49	80.9	6.9	8.21	39.5	YES	350	
3	1.310	49	64.2	6.2	8.07	37.8	YES	350	
4	1.320	49	64.7	6.1	7.99	37.1	YES	350	
5	1.540	49	75.5	5.7	7.98	38.9	YES	350	
6	1.590	49	77.9	4.2	8.01	43.9	YES	350	
7									Off
8									Off
9	1.120	49	54.9	5.8	8.23	40.3	YES	350	
10	1.280	49	62.7	6.2	8.14	38.7	YES	350	
11	1.470	49	72.0	6.3	7.96	36.8	YES	350	
12	1.180	49	57.8	6.1	8.03	37.0	YES	350	
13	1.200	49	58.8	6.3	8.08	37.2	YES	350	
14									Off
15									Off
16	0.930	49	45.6	8.7	7.94	29.1	YES	350	
17	0.680	49	33.3	7.9	8.01	30.6	YES	350	
18	1.650	49	80.9	9.0	7.92	30.8	YES	350	
19	1.500	49	73.5	9.4	7.43	24.7	YES	350	
20	1.790	49	87.7	10.4	7.72	26.5	YES	350	
21	0.920	49	45.1	10.0	7.72	24.6	YES	350	
22									Off
23	0.810	49	39.7	10.2	8.09	27.4	YES	350	
24	1.390	49	68.1	9.3	8.08	31.0	YES	350	
25									Off
26	0.620	49	30.4	9.2	8.12	29.0	YES	350	
27	1.470	49	72.0	9.4	8.24	32.9	YES	350	
28	0.930	49	45.6	9.9	8.29	30.4	YES	350	
29									Off
30	1.050	49	51.5	10.2	8.03	27.5	YES	350	
31	1.490	49	73.0	10.0	7.96	28.6	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

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