OHA - DWS

Membrane Filter Monthly Operating Report

System Name: **City of Monroe**
PWS ID#: 41 - **00540**
Plant ID: WTP - **A** *(e.g., "A")*

County: **Benton**
Month/Year: **Jan-2025**
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
LRC = Log Removal Credit

PDR_{Max} [$^{psi}/_{min}$]	LRC [log removal]
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]	DIT Daily [Y/N] or "off"
1						Off
2	0.040		0.086	0.20	4.27	
3	0.040		0.085	0.22	4.22	
4						Off
5						Off
6	0.040		0.073	0.22	4.23	
7	0.040		0.070	0.22	4.23	
8	0.040		0.097	0.23	4.20	
9	0.040		0.094	0.21	4.25	
10	0.040		0.071	0.21	4.26	
11						Off
12						Off
13	0.040		0.072	0.22	4.24	
14	0.040		0.074	0.22	4.21	
15	0.040		0.071	0.21	4.24	
16	0.040		0.072	0.22	4.25	
17	0.040		0.068	0.21	4.29	
18						Off
19						Off
20						Off
21	0.040		0.074	0.20	4.28	
22	0.040		0.072	0.21	4.29	
23	0.040		0.078	0.21	4.28	
24	0.040		0.074	0.21	4.28	
25						Off
26						Off
27	0.050		0.078	0.20	4.28	
28	0.040		0.075	0.20	4.30	
29	0.040		0.078	0.18	4.31	
30	0.040		0.075	0.20	4.31	
31	0.040		0.078	0.20	4.30	

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: 2/5/25
WT CERT #: 6060
PHONE #: (541) 995-6655

Revised 7/31/2023

♣ *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									Off
2	0.660	49	32.3	9.9	8.08	27.4	YES	350	
3	1.250	49	61.3	9.4	8.04	29.9	YES	350	
4									Off
5									Off
6	1.130	49	55.4	9.9	8.09	29.0	YES	350	
7	2.060	49	100.9	9.9	8.21	33.7	YES	350	
8	1.430	49	70.1	9.8	8.13	30.7	YES	350	
9	1.530	49	75.0	9.9	8.09	30.4	YES	350	
10	1.430	49	70.1	9.0	8.25	33.8	YES	350	
11									Off
12									Off
13	0.650	49	31.9	9.2	8.22	30.1	YES	350	
14	1.300	49	63.7	9.1	8.12	31.6	YES	350	
15	1.280	49	62.7	8.1	8.25	35.4	YES	350	
16	1.450	49	71.1	7.8	8.22	36.4	YES	350	
17	1.430	49	70.1	7.7	8.14	35.5	YES	350	
18									Off
19									Off
20									Off
21	0.650	49	31.9	7.6	8.07	31.8	YES	350	
22	1.540	49	75.5	5.6	8.13	41.4	YES	350	
23	1.460	49	71.5	5.6	8.06	40.0	YES	350	
24	1.590	49	77.9	5.5	8.13	42.0	YES	350	
25									Off
26									Off
27	1.400	49	68.6	5.9	8.12	39.8	YES	350	
28	1.760	49	86.2	5.0	8.12	44.2	YES	350	
29	1.690	49	82.8	4.8	8.14	44.8	YES	350	
30	1.630	49	79.9	5.6	8.04	40.5	YES	350	
31	1.590	49	77.9	5.0	8.05	42.2	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

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