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: **Feb-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						Off
3	0.036	0.041	0.080	0.21	4.27	Yes
4	0.035	0.037	0.074	0.21	4.28	Yes
5	0.036	0.039	0.075	0.21	4.27	Yes
6	0.036	0.038	0.078	0.21	4.30	Yes
7	0.037	0.04	0.081	0.20	4.27	Yes
8						Off
9						Off
10	0.036	0.041	0.094	0.22	4.25	Yes
11	0.034	0.038	0.081	0.20	4.29	Yes
12	0.037	0.041	0.085	0.20	4.29	Yes
13	0.036	0.04	0.116	0.22	4.25	Yes
14	0.036	0.038	0.082	0.21	4.28	Yes
15						Off
16						Off
17						Off
18	0.038	0.039	0.088	0.21	4.27	Yes
19	0.036	0.039	0.087	0.20	4.28	Yes
20	0.038	0.042	0.087	0.20	4.26	Yes
21	0.038	0.042	0.088	0.21	4.26	Yes
22						Off
23						Off
24	0.048	0.053	0.095	0.21	4.24	Yes
25	0.045	0.047	0.090	0.18	4.30	Yes
26	0.046	0.051	0.088	0.21	4.25	Yes
27	0.042	0.046	0.085	0.20	4.28	Yes
28	0.042	0.043	0.085	0.21	4.25	Yes
29						
30						
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
SIGNATURE:
Notes:

DATE: 03/05/2025
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									off
3	1.460	49	71.5	6.7	8.10	37.6	YES	350	
4	1.190	49	58.3	6.9	8.01	34.8	YES	350	
5	1.080	49	52.9	6.5	7.96	34.7	YES	350	
6	1.410	49	69.1	6.6	7.93	35.4	YES	350	
7	0.950	49	46.6	6.2	7.98	35.1	YES	350	
8									Off
9									Off
10	0.680	49	33.3	6.9	8.03	33.0	YES	350	
11	1.470	49	72.0	6.6	8.02	36.8	YES	350	
12	1.510	49	74.0	5.4	8.05	40.7	YES	350	
13	1.650	49	80.9	4.4	8.13	45.6	YES	350	
14	1.450	49	71.1	4.5	8.60	52.7	YES	350	
15									Off
16									Off
17									Off
18	1.100	49	53.9	8.3	8.01	31.3	YES	350	
19	0.810	49	39.7	9.4	8.01	28.1	YES	350	
20	1.400	49	68.6	9.2	9.16	46.6	YES	350	
21	1.240	49	60.8	9.0	8.01	30.3	YES	350	
22									Off
23									Off
24	0.780	49	38.2	9.9	8.11	28.0	YES	350	
25	0.760	49	37.2	10.4	8.03	26.3	YES	350	
26	0.800	49	39.2	10.3	8.00	26.3	YES	350	
27	1.580	49	77.4	10.5	8.20	30.5	YES	350	
28	1.050	49	51.5	10.8	7.98	26.0	YES	350	
29									
30									
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

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