OHA - DWS

Membrane Filter Monthly Operating Report

County: **Benton**

System Name: **City of Monroe** Month/Year: **Mar-2025**

PWS ID#: 41 - **00540** Minimum test pressure **applied**: **16.5** psi

Plant ID: WTP - **A** *(e.g., "A")* 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]
0.950	4.00

Day	CFE Daily Turbidity [NTU]	Highest CFE♣ [NTU]	Highest IFE [NTU] (>15 minutes)	Highest PDR of day [$^{psi}/_{min}$]	Lowest $LRV_{ambient}$ of day [log removal]	DIT Daily [Y/N] or "off"
1						Off
2						Off
3	0.039	0.039	0.085	0.206	4.25	Yes
4	0.038	0.038	0.093	0.206	4.26	Yes
5	0.040	0.043	0.090	0.195	4.28	Yes
6	0.045	0.048	0.087	0.206	4.26	Yes
7	0.042	0.045	0.087	0.206	4.27	yes
8						Off
9						Off
10	0.051	0.053	0.088	0.212	4.25	Yes
11	0.050	0.054	0.090	0.250	4.18	Yes
12	0.046	0.051	0.088	0.228	4.21	Yes
13	0.046	0.053	0.095	0.250	4.17	Yes
14	0.051	0.052	0.095	0.217	4.21	Yes
15						Off
16						Off
17	0.052	0.065	0.117	0.206	4.23	Yes
18	0.049	0.051	0.087	0.195	4.27	Yes
19	0.048	0.049	0.090	0.217	4.22	Yes
20	0.049	0.049	0.094	0.206	4.24	Yes
21	0.045	0.046	0.094	0.206	4.25	Yes
22						Off
23						Off
24	0.048	0.054	0.097	0.217	4.22	Yes
25	0.042	0.043	0.093	0.217	4.22	Yes
26	0.046	0.048	0.095	0.228	4.21	Yes
27	0.046	0.056	0.095	0.228	4.22	Yes
28	0.054	0.056	0.097	0.195	4.28	Yes
29						Off
30						Off
31	0.052	0.056	0.104	0.206	4.25	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:** 4/2/25

SIGNATURE: **WT CERT #:** 6060

Notes: **PHONE #:** 541-995-6655

Revised 10/1/2024

♣ *Used for optimization purposes only.*

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	1.600	49	78.4	10.8	7.95	27.4	YES	350	
4	1.060	49	51.9	11.2	8.05	26.0	YES	350	
5	1.440	49	70.6	11.0	8.02	27.2	YES	350	
6	1.000	49	49.0	10.6	7.99	26.3	YES	350	
7	1.000	49	49.0	10.0	8.01	27.6	YES	350	
8									Off
9									Off
10	0.910	49	44.6	10.9	8.08	26.3	YES	350	
11	1.290	49	63.2	11.4	8.09	26.7	YES	350	
12	1.120	49	54.9	11.3	8.00	25.5	YES	350	
13	1.090	49	53.4	10.7	8.04	26.9	YES	350	
14	0.920	49	45.1	9.6	8.00	28.0	YES	350	
15									Off
16									Off
17	1.540	49	75.5	9.2	7.96	30.4	YES	350	
18	1.260	49	61.7	10.2	8.20	30.0	YES	350	
19	1.470	49	72.0	10.2	8.04	29.0	YES	350	
20	1.060	49	51.9	9.9	8.01	27.9	YES	350	
21	0.750	49	36.8	9.8	7.98	26.9	YES	350	
22									Off
23									Off
24	0.550	49	27.0	11.9	8.01	23.1	YES	350	
25	1.440	49	70.6	12.2	8.16	26.4	YES	350	
26	1.170	49	57.3	12.4	8.14	25.1	YES	350	
27	1.150	49	56.4	12.2	7.94	23.6	YES	350	
28	1.270	49	62.2	12.3	7.95	23.9	YES	350	
29									Off
30									Off
31	0.800	49	39.2	11.8	8.00	23.8	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

Revised 7/31/2023