OHA - DWS

Membrane Filter Monthly Operating Report

County: **Benton**

System Name: **City of Monroe**

Month/Year: **Apr-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]	DIT Daily
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]	[Y/N] or "off"
1	0.050	0.055	0.097	0.195	4.28	Y
2	0.049	0.052	0.103	0.206	4.24	Y
3	0.048	0.051	0.101	0.206	4.24	Y
4	0.047	0.048	0.103	0.217	4.22	Y
5						off
6						off
7	0.056	0.061	0.107	0.228	4.20	Y
8	0.053	0.059	0.107	0.228	4.20	Y
9	0.045	0.047	0.104	0.239	4.19	Y
10	0.050	0.055	0.094	0.206	4.25	Y
11	0.042	0.046	0.100	0.206	4.26	Y
12						off
13						off
14	0.048	0.052	0.093	0.217	4.25	Y
15	0.049	0.051	0.097	0.217	4.24	Y
16	0.048	0.049	0.088	0.217	4.24	Y
17	0.040	0.044	0.088	0.217	4.24	Y
18	0.049	0.051	0.090	0.217	4.24	Y
19						off
20						off
21	0.053	0.067	0.087	0.217	4.25	Y
22	0.048	0.05	0.085	0.217	4.28	Y
23	0.052	0.061	0.116	0.206	4.26	Y
24	0.056	0.065	0.090	0.217	4.24	Y
25	0.043	0.05	0.094	0.217	4.24	Y
26						off
27						off
28	0.051	0.054	0.094	0.195	4.24	Y
29	0.049	0.056	0.101	0.206	4.24	Y
30	0.047	0.051	0.101	0.206	4.25	Y
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] ($PDR \le PDR_{Max}$, $LRV \ge LRC$)	DIT Daily?
Yes	Yes	Yes	Yes	Yes

CT's met daily? (p. 2)	All Cl_2 residual at EP ≥ 0.2 $^{mg}/_{L}$?	$PDR \le PDR_{Max}$?	$LRV_{ambient} \ge LRC$?
Yes	Yes	Yes	Yes

PRINTED NAME: Charles Scholz

SIGNATURE: C Scholz

DATE: 05-05-25

WT CERT #: 6060

PHONE #: 541 995-6655

Notes:

♣ *Used for optimization purposes only.*

Revised 10/1/2024

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	1.290	49	63.2	11.7	8.00	25.3	YES	350	
2	0.570	49	27.9	11.5	8.00	23.6	YES	350	
3	1.230	49	60.3	11.5	7.90	24.6	YES	350	
4	1.280	49	62.7	11.5	8.00	25.6	YES	350	
5									off
6									off
7	0.910	49	44.6	12.1	8.00	23.6	YES	350	
8	1.290	49	63.2	13.3	8.14	24.0	YES	350	
9	1.090	49	53.4	13.4	8.07	22.7	YES	350	
10	0.950	49	46.6	13.7	8.03	21.6	YES	350	
11	1.320	49	64.7	13.6	8.05	22.8	YES	350	
12									off
13									off
14	0.650	49	31.9	13.9	8.00	20.4	YES	350	
15	1.410	49	69.1	14.1	8.20	23.6	YES	350	
16	1.240	49	60.8	14.8	8.10	21.3	YES	350	
17	1.190	49	58.3	15.3	8.00	19.7	YES	350	
18	1.260	49	61.7	14.3	8.00	21.3	YES	350	
19									off
20									off
21	1.030	49	50.5	14.7	7.94	19.7	YES	350	
22	1.360	49	66.6	14.5	8.00	21.2	YES	350	
23	1.460	49	71.5	14.1	8.00	22.0	YES	350	
24	1.520	49	74.5	14.1	8.00	22.2	YES	350	
25	1.780	49	87.2	14.9	8.05	22.1	YES	350	
26									off
27									off
28	0.890	49	43.6	14.9	7.96	19.3	YES	350	
29	0.910	49	44.6	15.6	8.03	19.0	YES	350	
30	1.040	49	51.0	12.5	8.05	23.8	YES	350	
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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