OHA - DWS

Membrane Filter Monthly Operating Report

County: **Benton**

System Name: **City of Monroe**

Month/Year: **May-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	0.049	0.052	0.101	0.206	4.24	Y
2	0.052	0.052	0.097	0.217	4.23	Y
3						OFF
4						OFF
5	0.065	0.077	0.109	0.239	4.17	Y
6	0.046	0.061	0.110	0.217	4.21	Y
7	0.049	0.061	0.109	0.228	4.19	Y
8	0.043	0.053	0.103	0.217	4.21	Y
9	0.052	0.063	0.110	0.217	4.21	Y
10						OFF
11						OFF
12	0.055	0.064	0.103	0.217	4.22	Y
13	0.047	0.051	0.104	0.228	4.19	Y
14	0.054	0.057	0.104	0.228	4.19	Y
15	0.050	0.056	0.109	0.228	4.18	Y
16	0.061	0.064	0.104	0.217	4.21	Y
17						OFF
18						OFF
19	0.051	0.065	0.109	0.217	4.20	Y
20	0.055	0.064	0.110	0.217	4.21	Y
21	0.051	0.056	0.110	0.195	4.23	Y
22	0.056	0.076	0.122	0.217	4.21	Y
23	0.037	0.039	0.111	0.217	4.20	Y
24						OFF
25						OFF
26						OFF
27	0.056	0.057	0.119	0.228	4.18	Y
28	0.053	0.073	0.117	0.228	4.18	Y
29	0.047	0.049	0.111	0.228	4.17	Y
30	0.048	0.052	0.110	0.228	4.20	Y
31						OFF

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: Chuck Scholz

SIGNATURE: Chuck Scholz

Notes:

DATE: 6-2-25

WT CERT #: 6060

PHONE #: 541995-6655

Revised 10/1/2024

♣ *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	1.070	49	52.4	13.0	8.00	22.7	YES	350	
2	1.070	49	52.4	15.3	8.00	19.5	YES	350	
3									OFF
4									
5	1.540	49	75.5	15.5	8.00	20.3	YES	350	
6	1.230	49	60.3	17.0	8.00	17.7	YES	350	
7	1.210	49	59.3	17.7	8.00	16.9	YES	350	
8	1.180	49	57.8	17.9	7.90	16.0	YES	350	
9	1.720	49	84.3	18.0	8.10	18.2	YES	350	
10									OFF
11									OFF
12	1.510	49	74.0	17.8	7.90	16.7	YES	350	
13	1.230	49	60.3	16.8	8.20	19.3	YES	350	
14	1.350	49	66.2	16.8	7.90	17.5	YES	350	
15	1.200	49	58.8	16.9	7.90	17.1	YES	350	
16	1.150	49	56.4	16.5	8.00	18.2	YES	350	
17									OFF
18									OFF
19	1.320	49	64.7	16.8	7.90	17.5	YES	350	
20	1.340	49	65.7	16.7	8.10	19.0	YES	350	
21	1.330	49	65.2	16.9	7.90	17.4	YES	350	
22	1.270	49	62.2	17.4	7.90	16.7	YES	350	
23	1.330	49	65.2	16.8	7.90	17.5	YES	350	
24									OFF
25									OFF
26									OFF
27	0.900	49	44.1	17.8	8.00	16.2	YES	350	
28	1.190	49	58.3	19.1	8.00	15.3	YES	350	
29	1.470	49	72.0	20.5	8.00	14.4	YES	350	
30	1.480	49	72.5	19.7	7.90	14.7	YES	350	
31									OFF

♦ 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