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: **Jun-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]
0.950	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	0.049	0.055	0.117	0.228	4.19	Y
3	0.042	0.056	0.117	0.217	4.19	Y
4	0.050	0.056	0.119	0.239	4.17	Y
5	0.051	0.055	0.116	0.217	4.21	Y
6	0.049	0.052	0.123	0.217	4.21	Y
7						OFF
8	0.052	0.057	0.147	0.239	4.17	Y
9	0.056	0.061	0.161	0.239	4.16	Y
10	0.056	0.064	0.181	0.239	4.16	Y
11	0.043	0.045	0.093	0.228	4.18	Y
12	0.049	0.056	0.081	0.239	4.16	Y
13	0.049	0.052	0.071	0.217	4.20	Y
14						OFF
15						OFF
16	0.049	0.054	0.081	0.250	4.14	Y
17	0.049	0.052	0.072	0.239	4.15	Y
18	0.048	0.05	0.081	0.228	4.17	Y
19	0.048	0.058	0.114	0.228	4.16	Y
20	0.043	0.045	0.074	0.228	4.16	Y
21						OFF
22						OFF
23	0.045	0.046	0.071	0.228	4.16	Y
24	0.048	0.05	0.068	0.228	4.16	Y
25	0.045	0.049	0.067	0.228	4.15	Y
26	0.048	0.052	0.088	0.239	4.13	Y
27	0.043	0.05	0.075	0.250	4.11	Y
28						OFF
29						OFF
30	0.045	0.054	0.075	0.228	4.13	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 ≤ PDR_{Max}, LRV ≥ LRC)	DIT Daily?
Yes	Yes	No	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: Corrected IFE - Filter Issue

DATE: 7/7/25
WT CERT #: 6060
PHONE #: 541-995-6655

♣ *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	0.970	49	47.5	20.4	8.00	13.7	YES	350	
3	1.050	49	51.5	20.1	8.00	14.1	YES	350	
4	1.140	49	55.9	21.0	8.00	13.4	YES	350	
5	1.380	49	67.6	20.8	8.00	14.0	YES	350	
6	1.150	49	56.4	20.8	8.00	13.6	YES	350	
7									OFF
8	0.710	49	34.8	22.4	8.00	11.6	YES	350	
9	0.880	49	43.1	24.5	8.00	10.3	YES	350	
10	0.930	49	45.6	25.3	8.10	10.2	YES	350	
11	1.020	49	50.0	25.5	8.10	10.2	YES	350	
12	1.010	49	49.5	24.0	8.00	10.8	YES	350	
13	1.420	49	69.6	21.8	8.00	13.1	YES		
14									OFF
15									OFF
16	0.590	49	28.9	21.2	8.10	12.9	YES	350	
17	0.950	49	46.6	20.5	8.10	14.1	YES	350	
18	1.570	49	76.9	21.4	8.00	13.7	YES	350	
19	1.040	49	51.0	21.7	7.90	12.2	YES	350	
20	0.970	49	47.5	22.0	8.10	12.8	YES	350	
21									OFF
22									OFF
23	0.570	49	27.9	20.4	8.10	13.6	YES	350	
24	1.200	49	58.8	20.8	8.10	14.2	YES	350	
25	0.660	49	32.3	21.3	8.00	12.5	YES	350	
26	0.860	49	42.1	21.4	8.10	13.1	YES	350	
27	1.200	49	58.8	21.5	8.10	13.6	YES	350	
28									OFF
29									OFF
30	0.590	49	28.9	22.3	8.10	12.0	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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