OHA - DWS

Membrane Filter Monthly Operating Report

System Name: **City of Monroe** County: **Benton**

PWS ID#: 41 - **00540** Month/Year: **Jul-2025**

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

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]	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	0.049	0.051	0.072	0.250	4.09	Y
2	0.049	0.053	0.072	0.239	4.10	Y
3						OFF
4						OFF
5						OFF
6						OFF
7	0.051	0.057	0.080	0.250	4.09	Y
8	0.052	0.058	0.068	0.250	4.09	Y
9	0.048	0.052	0.068	0.271	4.06	Y
10	0.045	0.05	0.087	0.228	4.11	Y
11	0.050	0.052	0.074	0.239	4.10	Y
12						OFF
13						OFF
14	0.052	0.052	0.084	0.260	4.06	Y
15	0.047	0.05	0.078	0.239	4.08	Y
16	0.046	0.049	0.065	0.260	4.02	Y
17	0.046	0.049	0.071	0.250	4.04	Y
18	0.049	0.052	0.065	0.260	4.03	Y
19						OFF
20						OFF
21	0.048	0.053	0.065	0.239	4.04	Y
22	0.046	0.051	0.074	0.228	4.08	Y
23	0.035	0.048	0.067	0.239	4.06	Y
24	0.041	0.049	0.071	0.239	4.05	Y
25	0.043	0.048	0.068	0.239	4.09	Y
26						OFF
27						OFF
28	0.044	0.055	0.071	0.228	4.10	Y
29	0.042	0.044	0.067	0.228	4.09	Y
30	0.040	0.046	0.067	0.250	4.05	Y
31	0.040	0.049	0.064	0.217	4.11	Y

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: C Scl

Notes:

DATE: 8-7-25

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	0.770	49	37.7	21.9	8.10	12.6	YES	340	
2	0.790	49	38.7	20.6	8.10	13.8	YES	340	
3									OFF
4									OFF
5									OFF
6									OFF
7	0.280	49	13.7	24.5	8.20	10.4	YES	340	
8	0.690	49	33.8	24.0	8.00	10.4	YES	340	
9	0.540	49	26.5	24.8	8.00	9.7	YES	340	
10	0.870	49	42.6	25.3	8.05	9.9	YES	340	
11	0.890	49	43.6	25.7	8.15	10.1	YES	340	
12									OFF
13									OFF
14	0.360	49	17.6	25.6	8.23	9.8	YES	340	
15	0.320	49	15.7	26.8	8.18	8.8	YES	340	
16	0.480	49	23.5	26.8	8.08	8.7	YES	340	
17	0.590	49	28.9	26.5	8.14	9.2	YES	340	
18	0.620	49	30.4	26.9	7.91	8.2	YES	340	
19									OFF
20									OFF
21	0.320	49	15.7	25.5	7.99	9.0	YES	340	
22	0.660	49	32.3	24.0	8.03	10.5	YES	340	
23	0.740	49	36.3	24.4	8.19	11.0	YES	340	
24	0.790	49	38.7	25.8	8.12	9.8	YES	340	
25	0.510	49	25.0	24.1	7.92	9.8	YES	340	
26									OFF
27									OFF
28	0.390	49	19.1	25.1	8.11	9.7	YES	340	
29	0.810	49	39.7	24.9	8.18	10.6	YES	340	
30	0.630	49	30.9	25.2	8.17	10.2	YES	340	
31	0.390	49	19.1	25.4	8.17	9.8	YES	340	

♦ 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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