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: **Aug-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	0.041	0.045	0.065	0.217	4.15	Y
2						OFF
3						OFF
4	0.047	0.048	0.061	0.239	4.12	Y
5	0.046	0.058	0.094	0.228	4.10	Y
6	0.048	0.045	0.104	0.304	4.01	Y
7	0.043	0.049	0.071	0.369	4.03	Y
8	0.043	0.045	0.067	0.358	4.00	Y
9						OFF
10						OFF
11	0.040	0.043	0.051	0.423	4.01	Y
12	0.040	0.04	0.051	0.336	4.02	Y
13	0.038	0.039	0.051	0.336	4.02	Y
14	0.038	0.041	0.056	0.477	4.01	Y
15	0.041	0.043	0.061	0.434	4.02	Y
16						
17						
18	0.040	0.044	0.059	0.553	4.00	Y
19	0.040	0.043	0.054	0.618	4.01	Y
20	0.044	0.048	0.056	0.543	4.02	Y
21	0.043	0.046	0.064	0.586	4.01	Y
22	0.038	0.042	0.068	0.597	4.01	Y
23						OFF
24						OFF
25	0.039	0.045	0.065	0.673	4.01	Y
26	0.039	0.045	0.058	0.618	4.05	Y
27	0.042	0.044	0.064	0.727	4.07	Y
28	0.043	0.046	0.064	0.727	4.01	Y
29	0.041	0.044	0.059	0.716	4.02	Y
30						
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: CS
Notes:

DATE: 9/8/25
WT CERT #: 6060
PHONE #: 5419956655

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	0.830	49	40.7	25.3	8.20	10.5	YES	350	
2									OFF
3									OFF
4	1.040	49	51.0	24.5	8.00	10.5	YES	350	
5	1.130	49	55.4	24.2	8.20	11.7	YES	350	
6	1.050	49	51.5	24.2	7.95	10.5	YES	350	
7	1.670	49	81.8	23.3	7.94	12.0	YES	350	
8	0.760	49	37.2	23.6	7.90	10.4	YES	350	
9									OFF
10									OFF
11	1.001	49	49.0	23.4	8.09	11.6	YES	350	
12	1.070	49	52.4	25.3	8.20	10.8	YES	350	
13	1.750	49	85.8	25.2	8.07	11.2	YES	350	
14	1.440	49	70.6	26.5	8.18	10.3	YES	350	
15	0.830	49	40.7	26.1	8.16	9.8	YES	350	
16									OFF
17									OFF
18	0.530	49	26.0	24.6	8.06	10.1	YES	350	
19	0.900	49	44.1	22.7	8.12	12.2	YES	350	
20	0.960	49	47.0	23.0	7.90	11.1	YES	350	
21	1.010	49	49.5	23.3	8.11	11.8	YES	350	
22	0.720	49	35.3	23.6	8.10	11.2	YES	350	
23									OFF
24									OFF
25	0.520	49	25.5	24.6	8.05	10.0	YES	350	
26	0.680	49	33.3	25.2	7.96	9.5	YES	350	
27	1.030	49	50.5	24.7	8.11	10.8	YES	350	
28	0.660	49	32.3	25.6	7.95	9.1	YES	350	
29	0.700	49	34.3	25.5	8.10	9.8	YES	350	
30									OFF
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

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