OHA - DWS

Membrane Filter Monthly Operating Report

County: **Benton**

System Name: **City of Monroe**

Month/Year: **Jul-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						OFF
2	0.044	0.053	0.058	0.738	4.06	Yes
3	0.035	0.036	0.065	0.749	4.05	Yes
4	0.038	0.045	0.058	0.749	4.16	Yes
5	0.076	0.081	0.064	0.760	4.15	Yes
6						OFF
7						OFF
8	0.054	0.059	0.064	0.738	4.16	Yes
9	0.044	0.051	0.061	0.727	4.17	Yes
10	0.044	0.048	0.058	0.727	4.11	Yes
11	0.058	0.062	0.059	0.716	4.19	Yes
12	0.066	0.074	0.056	0.781	4.15	Yes
13						OFF
14						OFF
15	0.062	0.072	0.054	0.716	4.16	Yes
16	0.069	0.086	0.059	0.749	4.17	Yes
17	0.059	0.073	0.059	0.716	4.17	Yes
18						OFF
19	0.059	0.073	0.051	0.738	4.19	Yes
20						OFF
21						OFF
22	0.058	0.062	0.059	0.705	4.19	Yes
23	0.058	0.068	0.056	0.705	4.20	Yes
24	0.042	0.049	0.067	0.716	4.19	Yes
25	0.054	0.058	0.058	0.738	4.17	Yes
26	0.047	0.052	0.056	0.738	4.18	Yes
27						OFF
28						OFF
29	0.057	0.067	0.064	0.705	4.21	Yes
30	0.044	0.05	0.064	0.705	4.21	Yes
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	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: ChScl

Notes:

DATE: 10-9-25

WT CERT #: 6060

PHONE #: 541-995-6655

Revised 10/1/2024

♣ *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	0.980	49	48.0	24.0	7.90	10.4	YES	350	
3	0.980	49	48.0	23.8	8.10	11.3	YES	350	
4	1.260	49	61.7	24.2	7.80	10.2	YES	350	
5	0.940	49	46.1	23.8	7.90	10.5	YES	350	
6									OFF
7									OFF
8	0.720	49	35.3	23.3	8.00	11.0	YES	350	
9	0.900	49	44.1	22.6	8.10	12.2	YES	350	
10	1.120	49	54.9	22.1	7.90	12.0	YES	350	
11	0.940	49	46.1	21.3	8.00	12.9	YES	350	
12	1.170	49	57.3	21.0	7.80	12.5	YES	350	
13									OFF
14									OFF
15	0.920	49	45.1	20.6	8.00	13.5	YES	350	
16	0.800	49	39.2	20.3	8.00	13.5	YES	350	
17	0.910	49	44.6	20.3	7.90	13.2	YES	350	
18									OFF
19	1.470	49	72.0	21.3	7.90	13.2	YES	350	
20									OFF
21									OFF
22	0.680	49	33.3	19.7	7.90	13.4	YES	350	
23	0.820	49	40.2	19.7	8.20	15.2	YES	350	
24	0.920	49	45.1	19.3	7.90	14.1	YES	350	
25	1.190	49	58.3	19.8	7.90	14.1	YES	350	
26	1.490	49	73.0	20.3	7.90	14.1	YES	350	
27									OFF
28									OFF
29	0.980	49	48.0	19.5	8.00	14.6	YES	350	
30	1.350	49	66.2	18.2	7.90	16.0	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

Revised 7/31/2023