

# OHA - DWS

## Membrane Filter Monthly Operating Report

County: **Benton**

System Name: **City of Monroe**

Month/Year: **Nov-2025**

PWS ID#: 41 - **00540**

Minimum test pressure applied: **16.5** psi

Plant ID: WTP - **B**  
(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<sub>Max</sub> [psi/min]

**0.950**

LRC [log removal]

**4.00**

DIT Daily

Day	CFE Daily Turbidity [NTU]	Highest CFE* [NTU]	Highest IFE [NTU] (>15 minutes)	Highest PDR of day [psi/min]	Lowest LRV <sub>ambient</sub> of day [log removal]	[Y/N] or "off"
1						OFF
2						OFF
3	0.025	0.042	0.078	0.315	4.23	Yes
4	0.028	0.056	0.071	0.304	4.24	Yes
5	0.017	0.018	0.067	0.326	4.22	Yes
6	0.017	0.02	0.072	0.326	4.19	Yes
7	0.018	0.02	0.071	0.271	4.25	Yes
8						OFF
9						OFF
10	0.018	0.019	0.075	0.282	4.26	Yes
11						OFF
12	0.019	0.026	0.075	0.304	4.20	Yes
13	0.020	0.021	0.080	0.282	4.24	Yes
14	0.020	0.024	0.095	0.293	4.22	Yes
15						OFF
16						OFF
17	0.035	0.039	0.097	0.271	4.23	Yes
18	0.032	0.028	0.094	0.271	4.24	Yes
19	0.039	0.046	0.094	0.184	4.24	Yes
20	0.030	0.038	0.105	0.184	4.32	Yes
21	0.031	0.032	0.103	0.228	4.38	Yes
22						OFF
23						OFF
24	0.038	0.057	0.116	0.195	4.31	Yes
25	0.036	0.052	0.111	0.217	4.46	Yes
26	0.027	0.033	0.109	0.239	4.35	Yes
27						OFF
28						OFF
29						OFF
30						OFF
31						N/A

**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 <sub>Max</sub> , LRV ≥ LRC)	DIT Daily?
Yes	Yes	Yes	Yes	Yes
CT's met daily? (p. 2)	All Cl <sub>2</sub> residual at EP ≥ 0.2 mg/L?	PDR ≤ PDR <sub>Max</sub> ?	LRV <sub>ambient</sub> ≥ LRC?	
Yes	Yes	Yes	Yes	

PRINTED NAME: *Chuck Schok* DATE: *1/14/26*  
 SIGNATURE: *Chris* WT CERT #: *6060*  
 Notes: *Sent original on 12/4/25 this corrected on 1/14/26* PHONE #: *541-995-6655*

♣ Used for optimization purposes only.

# OHA-DWS

## Disinfection Monthly Operating Report

System Name: City of Monroe

PWS ID#: 41 - 00540

Plant ID : WTP - B

<b>0.5</b>	↩ Log Inactivation Required via Disinfection
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Day	Minimum Cl <sub>2</sub> Residual at 1 <sup>st</sup> 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									OFF
3	1.200	49	58.8	13.3	7.99	22.5	YES	350	
4	1.240	49	60.8	14.1	7.98	21.3	YES	350	
5	1.510	49	74.0	12.9	8.02	24.2	YES	350	
6	1.160	49	56.8	13.2	7.92	22.0	YES	350	
7	1.140	49	55.9	13.1	7.91	22.0	YES	350	
8									OFF
9									OFF
10	0.980	49	48.0	13.3	8.00	22.0	YES	350	
11									OFF
12	1.260	49	61.7	12.9	8.20	25.1	YES	350	
13	1.190	49	58.3	12.6	7.90	22.8	YES	350	
14	1.090	49	53.4	12.8	8.00	23.0	YES	350	
15									OFF
16									OFF
17	0.900	49	44.1	13.1	8.00	22.1	YES	350	
18	1.200	49	58.8	12.7	7.90	22.6	YES	350	
19	1.410	49	69.1	11.9	7.90	24.5	YES	350	
20	1.370	49	67.1	10.8	8.00	27.2	YES	350	
21	1.300	49	63.7	10.4	7.90	26.7	YES	350	
22									OFF
23									OFF
24	1.080	49	52.9	10.2	7.90	26.4	YES	350	
25	1.440	49	70.6	10.1	8.00	28.7	YES	350	
26	1.310	49	64.2	11.1	8.00	26.4	YES	350	
27									OFF
28									OFF
29									OFF
30									OFF
31									N/A

\* 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 10<sup>th</sup> of following month by**

**mail:** Drinking Water Services  
PO Box 14350  
Portland, OR 97293-0350

**email:** [dwp.dmce@odhsoha.oregon.gov](mailto:dwp.dmce@odhsoha.oregon.gov)

**fax:** 971-673-0458