

OHA - DWS

Membrane Filter Monthly Operating Report

County: **Benton**

System Name: **City of Monroe**

Month/Year: **Dec-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_{Max} [^{psi}/min]

LRC [log removal]

0.950

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 _{ambient} of day [log removal]	[Y/N] or "off"
1	0.050	0.059	0.104	0.184	4.33	Y
2	0.045	0.055	0.111	0.206	4.33	Y
3	0.038	0.045	0.111	0.195	4.24	Y
4	0.033	0.048	0.114	0.195	4.41	Y
5	0.032	0.044	0.114	0.195	4.24	Y
6						OFF
7						OFF
8	0.045	0.054	0.110	0.206	4.24	Y
9	0.043	0.053	0.123	0.195	4.27	Y
10	0.052	0.056	0.124	0.206	4.14	Y
11	0.049	0.054	0.130	0.206	4.23	Y
12						OFF
13	0.053	0.056	0.119	0.228	4.15	Y
14						OFF
15	0.058	0.068	0.136	0.239	4.14	Y
16	0.060	0.08	0.148	0.217	4.13	Y
17	0.055	0.061	0.146	0.239	4.07	Y
18	0.044	0.046	0.123	0.217	4.01	Y
19	0.066	0.074	0.145	0.250	4.02	Y
20	0.065	0.065	0.135	0.217	4.21	Y
21						OFF
22	0.081	0.07	0.148	0.217	4.18	Y
23	0.038	0.049	0.146	0.239	4.13	Y
24	0.048	0.051	0.127	0.206	4.11	Y
25	0.039	0.04	0.120	0.217	4.04	Y
26	0.036	0.037	0.147	0.250	4.11	Y
27	0.040	0.046	0.149	0.282	4.21	Y
28	0.042	0.047	0.147	0.271	4.17	Y
29	0.046	0.058	0.147	0.293	4.15	Y
30	0.042	0.046	0.149	0.217	4.16	Y
31	0.033	0.034	0.122	0.282	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 Schok* DATE: *1-14-26*
 SIGNATURE: *[Signature]* WT CERT #: *6060*
 Notes: *Sent original on 1/10/26 this corrected on 1/14/26* 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 - B

0.5	↔ Log Inactivation Required via Disinfection
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Day	Minimum Cl ₂ Residual at 1 st 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	0.920	49	45.1	10.4	7.90	25.6	YES	350	
2	1.360	49	66.6	10.6	8.10	28.5	YES	350	
3	1.480	49	72.5	9.1	7.90	29.8	YES	350	
4	1.340	49	65.7	9.7	8.00	29.1	YES	350	
5	1.280	49	62.7	10.5	7.90	26.5	YES	350	
6									OFF
7									OFF
8	1.060	49	51.9	10.1	7.90	26.5	YES	350	
9	1.240	49	60.8	12.9	8.10	24.2	YES	350	
10	1.220	49	59.8	12.1	7.90	23.6	YES	350	
11	0.950	49	46.6	12.6	8.20	24.7	YES	350	
12									OFF
13	1.330	49	65.2	12.8	7.90	22.8	YES	350	
14									OFF
15	1.360	49	66.6	12.3	8.00	24.5	YES	350	
16	1.390	49	68.1	11.7	8.20	27.5	YES	350	
17	1.710	49	83.8	11.5	8.10	27.9	YES	350	
18	1.300	49	63.7	11.5	7.80	23.9	YES	350	
19	1.290	49	63.2	12.4	8.20	26.0	YES	350	
20	1.490	49	73.0	11.4	7.90	25.5	YES	350	
21									OFF
22	1.200	49	58.8	11.5	7.90	24.5	YES	350	
23	0.940	49	46.1	10.2	7.80	25.1	YES	350	
24	1.460	49	71.5	9.7	7.80	27.5	YES	350	
25	1.810	49	88.7	10.9	8.20	30.5	YES	350	
26	1.400	49	68.6	9.6	8.00	29.6	YES	350	
27	1.420	49	69.6	9.1	8.10	31.8	YES	350	
28	1.480	49	72.5	9.1	8.00	30.9	YES	350	
29	1.490	49	73.0	10.3	8.20	30.6	YES	350	
30	1.490	49	73.0	8.6	8.20	34.4	YES	350	
31	1.430	49	70.1	7.8	8.10	34.8	YES	350	

* 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