

OHA - DWS

Membrane Filter Monthly Operating Report

County: **Benton**

System Name: **City of Monroe**

Month/Year: **Jan-2026**

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	0.042	0.046	0.131	0.217	4.06	Yes
2	0.043	0.051	0.138	0.315	4.01	
3						OFF
4	0.053	0.055	0.147	0.336	4.04	Yes
5	0.047	0.051	0.118	0.350	4.06	Yes
6	0.046	0.054	0.105	0.412	4.02	Yes
7	0.041	0.039	0.126	0.380	4.04	Yes
8	0.045	0.051	0.150	0.358	4.13	Yes
9	0.046	0.051	0.145	0.326	4.13	Yes
10	0.046	0.051	0.149	0.315	4.25	Yes
11						OFF
12	0.046	0.049	0.146	0.358	4.15	Yes
13	0.040	0.042	0.145	0.326	4.16	Yes
14	0.041	0.051	0.143	0.239	4.03	Yes
15	0.042	0.046	0.140	0.250	4.00	Yes
16	0.038	0.045	0.142	0.250	4.01	Yes
17						OFF
18						OFF
19						OFF
20	0.036	0.038	0.147	0.271	4.01	Yes
21	0.039	0.046	0.141	0.260	4.03	Yes
22	0.039	0.041	0.139	0.250	4.08	Yes
23	0.042	0.049	0.139	0.260	4.04	Yes
24						OFF
25						OFF
26	0.041	0.044	0.133	0.250	4.06	Yes
27	0.038	0.04	0.139	0.260	4.05	Yes
28	0.036	0.039	0.149	0.271	4.02	Yes
29	0.042	0.048	0.142	0.260	4.04	Yes
30	0.041	0.051	0.144	0.260	4.03	Yes
31						OFF

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: *[Signature]*
 Notes:

DATE: *2/9/26*
 WT CERT #: *6060*
 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

0.5	↩ Log Inactivation Required via Disinfection
------------	---

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	1.290	49	63.2	6.9	8.00	35.1	YES	350	
2	1.300	49	63.7	8.7	8.00	31.1	YES	350	
3									OFF
4	1.200	49	58.8	8.3	8.10	32.7	YES	350	
5	1.330	49	65.2	12.0	8.10	25.8	YES	350	
6	1.330	49	65.2	8.4	8.20	34.2	YES	350	
7	1.020	49	50.0	8.2	8.30	34.7	YES	350	
8	1.040	49	51.0	8.0	7.90	30.5	YES	350	
9	0.980	49	48.0	7.3	8.20	35.4	YES	350	
10	0.890	49	43.6	8.0	8.40	35.9	YES	350	
11									OFF
12	0.900	49	44.1	7.7	8.10	32.9	YES	350	
13	1.100	49	53.9	7.7	8.20	34.9	YES	350	
14	1.470	49	72.0	7.9	8.20	36.0	YES	350	
15	1.030	49	50.5	6.8	8.20	36.9	YES	350	
16	1.210	49	59.3	6.8	8.10	36.3	YES	350	
17									OFF
18									OFF
19									OFF
20	1.100	49	53.9	7.2	8.00	33.6	YES	350	
21	1.170	49	57.3	6.9	8.00	34.6	YES	350	
22	1.240	49	60.8	5.3	8.00	38.9	YES	350	
23	1.230	49	60.3	7.1	8.00	34.4	YES	350	
24									OFF
25									OFF
26	1.270	49	62.2	5.7	8.00	38.0	YES	350	
27	1.250	49	61.3	4.6	8.20	44.0	YES	350	
28	0.950	49	46.6	4.6	8.00	39.5	YES	350	
29	1.380	49	67.6	6.8	7.90	34.4	YES	350	
30	1.300	49	63.7	7.1	8.00	34.6	YES	350	
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