

# OHA - DWS

## Membrane Filter Monthly Operating Report

County: **Benton**

System Name: **City of Monroe**

Month/Year: **Feb-2026**

PWS ID#: 41 - **00540**

Minimum test pressure applied: **16.5** psi

Plant ID: WTP - **B**

Minimum test pressure req'd: **11.5** psi

(e.g., "A")

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> [<sup>psi</sup>/<sub>min</sub>]

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 [ <sup>psi</sup> / <sub>min</sub> ]	Lowest LRV <sub>ambient</sub> of day [log removal]	[Y/N] or "off"
1						off
2	0.038	0.038	0.141	0.271	4.02	Yes
3	0.042	0.044	0.139	0.239	4.03	Yes
4	0.041	0.047	0.148	0.260	4.02	Yes
5	0.040	0.044	0.124	0.239	4.05	Yes
6	0.045	0.047	0.123	0.250	4.02	Yes
7						off
8						off
9	0.044	0.045	0.139	0.260	4.01	Yes
10	0.044	0.047	0.129	0.260	4.02	Yes
11	0.041	0.046	0.126	0.250	4.01	Yes
12	0.033	0.038	0.129	0.250	4.02	Yes
13	0.035	0.036	0.148	0.250	4.02	Yes
14						off
15						off
16						off
17	0.038	0.042	0.114	0.271	4.03	Yes
18	0.040	0.042	0.122	0.250	4.02	Yes
19	0.037	0.041	0.107	0.250	4.13	Yes
20	0.035	0.039	0.107	0.228	4.04	Yes
21						off
22						off
23	0.039	0.042	0.103	0.260	4.05	Yes
24	0.040	0.045	0.116	0.239	4.02	Yes
25	0.044	0.047	0.116	0.260	4.01	Yes
26	0.036	0.04	0.111	0.228	4.09	Yes
27	0.030	0.032	0.111	0.217	4.12	Yes
28						off
29						
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 ≤ PDR <sub>Max</sub> , LRV ≥ LRC)	DIT Daily?
<b>Yes</b>	<b>Yes</b>	<b>Yes</b>	<b>Yes</b>	<b>Yes</b>
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?	
<b>Yes</b>	<b>Yes</b>	<b>Yes</b>	<b>Yes</b>	

PRINTED NAME: *Chuck Schok*  
 SIGNATURE: *[Signature]*  
 Notes:

DATE: *3/9/26*  
 WT CERT #: *6060*  
 PHONE #: *5419956655*

♣ 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

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	0.740	49	36.3	7.7	8.10	32.3	YES	350	
3	0.930	49	45.6	8.4	8.00	30.4	YES	350	
4	1.080	49	52.9	9.6	8.10	29.5	YES	350	
5	1.360	49	66.6	9.3	8.00	30.0	YES	350	
6	0.970	49	47.5	9.0	7.90	28.2	YES	350	
7									off
8									off
9	0.870	49	42.6	9.7	8.00	27.6	YES	350	
10	1.050	49	51.5	9.5	7.90	27.6	YES	350	
11	1.290	49	63.2	9.9	8.00	28.6	YES	350	
12	1.140	49	55.9	9.2	7.90	28.4	YES	350	
13	0.950	49	46.6	8.8	7.80	27.6	YES	350	
14									off
15									off
16									off
17	1.150	49	56.4	8.0	8.20	34.4	YES	350	
18	0.930	49	45.6	8.1	8.00	31.0	YES	350	
19	0.910	49	44.6	9.4	8.10	29.3	YES	350	
20	1.070	49	52.4	7.7	8.00	32.4	YES	350	
21									off
22									off
23	1.010	49	49.5	9.1	7.90	28.2	YES	350	
24	1.040	49	51.0	9.5	7.90	27.5	YES	350	
25	0.870	49	42.6	8.7	7.90	28.5	YES	350	
26	1.100	49	53.9	9.7	7.90	27.3	YES	350	
27	0.940	49	46.1	9.2	8.00	28.8	YES	350	
28									off
29									
30									
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 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