

OHA - DWS

Membrane Filter Monthly Operating Report

County: **Benton**

System Name: **City of Monroe**

Month/Year: **Mar-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						off
2	0.034	0.037	0.116	0.260	4.06	Yes
3	0.034	0.034	0.114	0.228	4.13	yes
4	0.036	0.039	0.114	0.239	4.12	Yes
5	0.036	0.037	0.116	0.239	4.13	Yes
6	0.037	0.042	0.094	0.239	4.14	Yes
7						OFF
8						OFF
9	0.038	0.047	0.104	0.217	4.15	Yes
10	0.034	0.037	0.094	0.228	4.18	Yes
11	0.036	0.039	0.100	0.239	4.17	Yes
12	0.033	0.038	0.100	0.217	4.21	Yes
13	0.037	0.043	0.094	0.228	4.19	Yes
14						off
15						off
16	0.034	0.038	0.094	0.228	4.20	Yes
17	0.031	0.032	0.101	0.228	4.20	Yes
18	0.038	0.046	0.090	0.217	4.22	Yes
19	0.032	0.034	0.095	0.217	4.24	Yes
20	0.036	0.037	0.095	0.228	4.21	Yes
21						off
22						off
23	0.035	0.037	0.093	0.195	4.29	Yes
24	0.036	0.039	0.109	0.217	4.24	Yes
25	0.037	0.038	0.094	0.206	4.25	Yes
26	0.041	0.048	0.090	0.209	4.26	Yes
27	0.034	0.037	0.088	0.195	4.29	Yes
28						off
29						off
30	0.035	0.043	0.094	0.206	4.26	Yes
31	0.034	0.035	0.097	0.217	4.24	Yes

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:

SIGNATURE:

Notes:

Charles Scholtz
SW

DATE: *4-6-26*

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
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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									off
2	0.950	49	46.6	9.1	7.92	28.2	YES	350	
3	0.930	49	45.6	9.6	7.98	27.8	YES	350	
4	0.960	49	47.0	10.8	7.97	25.6	YES	350	
5	0.930	49	45.6	10.8	7.91	25.0	YES	350	
6	0.920	49	45.1	11.5	7.98	24.4	YES	350	
7									off
8									off
9	0.920	49	45.1	10.7	7.87	24.8	YES	350	
10	1.330	49	65.2	11.4	7.97	25.7	YES	350	
11	0.870	49	42.6	10.6	7.90	25.1	YES	350	
12	0.860	49	42.1	11.5	7.94	23.9	YES	350	
13	0.890	49	43.6	11.2	8.03	25.3	YES	350	
14									off
15									off
16	0.940	49	46.1	11.6	8.03	24.8	YES	350	
17	0.980	49	48.0	11.7	7.95	24.0	YES	350	
18	0.890	49	43.6	12.0	7.92	23.1	YES	350	
19	0.870	49	42.6	12.3	7.82	21.8	YES	350	
20	1.160	49	56.8	13.1	7.91	22.0	YES	350	
21									off
22									off
23	1.230	49	60.3	12.8	7.91	22.6	YES	350	
24	0.900	49	44.1	12.2	7.99	23.4	YES	350	
25	1.080	49	52.9	11.9	7.87	23.3	YES	350	
26	1.110	49	54.4	12.3	8.00	23.8	YES	350	
27	1.190	49	58.3	12.0	7.97	24.3	YES	350	
28									off
29									off
30	0.830	49	40.7	12.0	7.98	23.4	YES	350	
31	1.030	49	50.5	12.5	7.96	23.0	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