

OHA - DWS

Membrane Filter Monthly Operating Report

County: **Benton**

System Name: **City of Monroe**

Month/Year: **Jan-2024**

PWS ID#: 41 - **00540**

Minimum test pressure applied: **16.5** psi

Plant ID: WTP - **A**

Minimum test pressure req'd: **11.4** 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_{Max} [^{psi}/min]

LRC [log removal]

0.950

3.50

DIT
Daily

Day	CFE Daily Turbidity [NTU]	Highest CFE* [NTU]	Highest IFE [NTU]	Highest PDR of day [^{psi} /min]	Lowest LRV _{ambient} of day [log removal]	[Y/N] or "off"
1						Off
2	0.040		0.054	0.17	4.55	Y
3	0.040		0.058	0.17	4.68	Y
4	0.040		0.058	0.17	4.87	Y
5	0.030		0.059	0.17	4.88	Y
6						Off
7						Off
8	0.050	0.05	0.065	0.20	4.85	Y
9	0.060	0.06	0.068	0.16	4.80	Y
10	0.040		0.065	0.16	4.91	Y
11	0.040		0.064	0.17	4.85	Y
12	0.040		0.064	0.20	4.87	Y
13						Off
14						Off
15						Off
16						Off
17	0.040		0.072	0.17	4.83	Y
18	0.040		0.071	0.17	4.86	Y
19	0.040		0.067	0.17	4.85	Y
20						Off
21						Off
22	0.040		0.071	0.18	4.82	Y
23	0.050	0.05	0.069	0.18	4.77	Y
24	0.040		0.070	0.20	4.98	Y
25	0.040		0.068	0.17	4.82	Y
26	0.040		0.068	0.17	4.81	Y
27						Off
28						Off
29	0.050	0.05	0.071	0.17	4.86	Y
30	0.040		0.067	0.16	4.90	Y
31	0.040		0.067	0.17	4.91	Y

Compliance summary (operator to complete any blank fields)

95% of daily turbidity readings ≤ 1 NTU? [Y/N] Yes	All turbidity readings ≤ 5 NTU? [Y/N] Yes	All IFE turbidity readings ≤ 0.15 NTU? [Y/N] Yes	Performance std met? [Y/N] (PDR ≤ PDR _{Max} , LRV ≥ LRC) Yes	DIT Daily? Yes
CT's met daily? (p. 2) Yes	All Cl ₂ residual at EP ≥ 0.2 mg/L? Yes	PDR ≤ PDR _{Max} ? Yes	LRV _{ambient} ≥ LRC? Yes	

PRINTED NAME: **Charles Scholz** DATE: **2-12-24**
 SIGNATURE: *Charles Scholz* WT CERT #: **6060**
 Notes: *Computer Issue beyond my control - Delayed this report* 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 - A

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	0.890	49	43.6	9.3	8.20	30.6	YES	350	
3	0.960	49	47.0	8.5	8.10	31.4	YES	350	
4	1.230	49	60.3	8.2	8.1	32.4	YES	350	
5	0.800	49	39.2	8.4	8.2	32.3	YES	350	
6									Off
7									Off
8	1.140	49	55.9	8.5	8.10	32.0	YES	350	
9	1.460	49	71.5	8.2	7.70	29.4	YES	350	
10	1.270	49	62.2	8.0	8.30	36.2	YES	350	
11	1.950	49	95.6	7.3	8.20	39.7	YES	350	
12	1.360	49	66.6	7.2	7.90	33.4	YES	350	
13									Off
14									Off
15									Off
16									Off
17	1.880	49	92.1	7.4	8.20	39.1	YES	350	
18	1.730	49	84.8	3.5	7.90	45.0	YES	350	
19	1.490	49	73.0	4.3	7.80	39.9	YES	350	
20									Off
21									Off
22	1.070	49	52.4	5.9	8.20	39.4	YES	350	
23	1.220	49	59.8	7.1	8.10	35.6	YES	350	
24	1.660	49	81.3	7.8	8.20	37.1	YES	350	
25	1.990	49	97.5	8.8	7.70	30.0	YES	350	
26								350	
27									Off
28									Off
29	1.020	49	50.0	9.2	7.80	27.0	YES	350	
30	1.220	49	59.8	10.4	8.00	27.4	YES	350	
31	1.080	49	52.9	10.9	8.00	26.1	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