

OHA - DWS

Membrane Filter Monthly Operating Report

System Name: Arch Cape Water District
 PWS ID#: 41 - 00802
 Plant ID: WTP - A
(e.g., "A")

County: Clatsop
 Month/Year: May-2024
 Minimum test pressure applied: 18 psi
 Minimum test pressure req'd: 18 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]
0.057	4.00

Day	CFE Daily Turbidity [NTU]	Highest CFE* [NTU]	Highest IFE [NTU]	Highest PDR of day [^{psi} / _{min}]	Lowest LRV _{ambient} of day [log removal]	DIT Daily
						[Y/N] or "off"
1	0.030	0.03	0.030	0.04		Y
2	0.030	1.62	1.620	OFF		N
3	OFF	OFF	OFF	OFF		OFF
4	OFF	OFF	OFF	OFF		OFF
5	OFF	OFF	OFF	OFF		OFF
6	OFF	OFF	OFF	OFF		OFF
7	OFF	OFF	OFF	OFF		OFF
8	0.030	0.81	0.810	OFF		N
9	0.030	2.19	2.190	0.05		Y
10	0.030	0.03	0.030	0.06		Y
11	0.030	0.03	0.030	0.06		Y
12	0.030	0.1	0.100	0.06		Y
13	0.030	1.2	1.200	0.06		Y
14	0.030	0.05	0.050	0.06		Y
15	0.030	0.03	0.030	0.04		Y
16	OFF	OFF	OFF	OFF		OFF
17	0.030	0.23	0.230	0.06		Y
18	0.030	0.57	0.570	0.06		Y
19	0.030	0.04	0.040	0.06		Y
20	0.030	0.12	0.120	0.06		Y
21	0.030	0.04	0.040	0.06		Y
22	OFF	OFF	OFF	OFF		OFF
23	0.030	0.08	0.080	0.06		Y
24	0.030	0.03	0.030	0.06		Y
25	0.030	0.12	0.120	0.06		Y
26	OFF	OFF	OFF	OFF		OFF
27	0.030	0.04	0.040	0.06		Y
28	0.030	0.04	0.040	OFF		N
29	OFF	OFF	OFF	OFF		N
30	0.030	0.04	0.040	OFF		N
31	0.030	1.8	1.800	0.06		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	No	Yes	No
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		

PRINTED NAME: **Matthew R. Gardner** DATE: June 4th, 2024
 SIGNATURE: WT CERT #: 09382-T and 09383-D
 Notes: PHONE #: 503-436-2790

◆ Used for optimization purposes only.

Revised 7/31/2023

Disinfection Monthly Operating Report

System Name: Arch Cape Water District

PWS ID#: 41 - 00802

0.5

↔ Log Inactivation Required via Disinfection

Plant ID : WTP - A

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	0.810	395	320.0	11.3	7.25	18.9	YES	54	
2	0.820	382	313.2	11.2	7.34	19.7	YES	59	
3	0.810	378	306.2	11.1	7.30	19.5	YES	59	
4	0.800	305	244.0	11.1	7.29	19.4	YES	70	
5	0.780	237	184.9	11.1	7.33	19.7	YES	85	
6	0.760	332	252.3	11.0	7.36	19.9	YES	59	
7	0.760	419	318.4	11.1	7.35	19.7	YES	45	
8	0.760	352	267.5	11.2	7.34	19.5	YES	51	
9	0.760	409	310.8	11.1	7.30	19.4	YES	47	
10	0.940	290	272.6	11.6	7.32	19.3	YES	72	
11	0.960	277	265.9	12.0	7.34	19.0	YES	82	
12	0.910	221	201.1	12.4	7.33	18.3	YES	98	
13	0.840	369	310.0	12.6	7.32	17.7	YES	61	
14	0.800	341	272.8	12.8	7.33	17.4	YES	65	
15	0.780	358	279.2	13.0	7.30	17.0	YES	63	
16	0.770	363	279.5	13.1	7.33	17.0	YES	60	
17	0.760	371	282.0	13.1	7.32	16.9	YES	56	
18	0.780	303	236.3	13.4	7.31	16.6	YES	75	
19	0.770	276	212.5	13.2	7.32	16.8	YES	79	
20	0.780	307	239.5	13.3	7.33	16.8	YES	74	
21	0.780	419	326.8	13.2	7.35	17.1	YES	54	
22	0.770	306	235.6	13.1	7.33	17.0	YES	72	
23	0.760	335	254.6	13.0	7.32	17.1	YES	61	
24	0.780	314	244.9	13.1	7.30	16.9	YES	67	
25	0.790	233	184.1	12.6	7.31	17.5	YES	98	
26	0.770	235	181.0	12.5	7.33	17.7	YES	92	
27	0.760	303	230.3	12.5	7.29	17.4	YES	69	
28	0.790	319	252.0	12.6	7.33	17.6	YES	70	
29	0.760	341	259.2	12.6	7.28	17.3	YES	63	
30	0.750	312	234.0	12.6	7.30	17.4	YES	66	
31	0.770	302	232.5	12.8	7.26	16.9	YES	71	

* 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