

OHA - DWS

Membrane Filter Monthly Operating Report

County: Clatsop

System Name: Arch Cape Water District

Month/Year: Aug-2024

PWS ID#: 41 - 00802

Minimum test pressure applied: 18 psi

Plant ID: WTP - A
(e.g., "A")

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

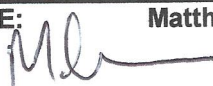
PDR _{Max} [psi/min]	LRC [log removal]
0.057	4.00

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	0.030	0.43	0.430	0.04		y
2	0.030	0.76	0.76	0.05		y
3	0.030	0.05	0.05	0.06		y
4	0.030	0.07	0.07	0.05		y
5	0.050	2.1	2.1	0.06		y
6	0.030	0.04	0.04	0.05		y
7	0.030	1.3	1.3	0.04		y
8	0.030	1.05	1.05	0.05		y
9	0.030	0.1	0.1	0.05		y
10	0.030	0.45	0.45	0.05		y
11	off	off	off	0.04		y
12	0.030	1.91	1.91	0.03		y
13	0.030	0.9	0.9	0.05		y
14	0.050	1.4	1.4	0.03		y
15	0.030	0.94	0.94	0.05		y
16	0.030	1.23	1.23	0.03		y
17	0.030	1.14	1.14	0.05		y
18	off	off	off	0.06		y
19	0.030	2.05	2.05	0.05		y
20	off	off	off	0.05		y
21	off	off	off	0.03		y
22	0.030	2.1	2.1	off		n
23	0.030	0.73	0.73	0.05		y
24	off	off	off	0.04		y
25	0.030	0.71	0.71	0.05		y
26	0.030	0.21	0.21	0.05		y
27	0.030	1.66	1.66	0.05		y
28	0.030	0.86	0.86	0.05		y
29	0.030	1.23	1.23	0.04		y
30	0.100	1	1	0.05		y
31	0.030	0.27	0.27	0.04		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: 9/2/2024
SIGNATURE: 	WT CERT #: T-09382 D-09383
Notes:	PHONE #: 503-436-2790

Disinfection Monthly Operating Report

System Name: Arch Cape Water DistrictPWS ID#: 41 - 00802Plant ID : WTP - A

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	0.760	204	155.0	16.6	7.30	13.3	YES	104	
2	0.770	220	169.4	17.0	7.41	13.5	YES	103	
3	0.760	175	133.0	17.0	7.35	13.2	YES	119	
4	0.800	214	171.2	17.0	7.30	13.0	YES	105	
5	0.780	209	163.0	17.0	7.37	13.3	YES	100	
6	0.820	235	192.7	17.2	7.35	13.1	YES	96	
7	0.780	233	181.7	17.0	7.34	13.2	YES	92	
8	0.820	44	36.1	17.1	7.35	13.2	YES	509	
9	0.820	246	201.7	17.0	7.36	13.3	YES	92	
10	0.820	238	195.2	16.9	7.34	13.3	YES	93	
11	0.810	223	180.6	16.8	7.36	13.5	YES	99	
12	0.790	220	173.8	16.7	7.41	13.8	YES	94	
13	0.830	266	220.8	16.5	7.39	14.0	YES	85	
14	0.800	228	182.4	16.4	7.37	13.9	YES	93	
15	0.840	199	167.2	16.7	7.35	13.6	YES	114	
16	0.810	233	188.7	16.6	7.45	14.2	YES	92	
17	0.820	210	172.2	16.7	7.44	14.0	YES	107	
18	0.800	190	152.0	16.5	7.40	14.0	YES	115	
19	0.810	229	185.5	16.6	7.36	13.7	YES	96	
20	0.800	283	226.4	16.6	7.34	13.6	YES	79	
21	0.800	227	181.6	16.6	7.41	13.9	YES	92	
22	0.770	46	35.4	16.5	7.35	13.7	YES	443	
23	0.780	34	26.5	16.4	7.09	12.5	YES	649	
24	0.750	236	177.0	16.2	7.08	12.6	YES	94	
25	0.740	178	131.7	16.2	7.05	12.4	YES	117	
26	0.800	216	172.8	16.2	7.13	12.9	YES	104	
27	0.760	211	160.4	16.3	7.12	12.7	YES	100	
28	0.860	237	203.8	16.1	7.44	14.7	YES	96	
29	0.800	281	224.8	16.0	7.43	14.6	YES	76	
30	0.840	226	189.8	16.6	7.43	14.1	YES	100	
31	0.800	216	172.8	16.3	7.40	14.2	YES	97	

† 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

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