

OHA - DWS

Membrane Filter Monthly Operating Report

County: Clatsop

System Name: Arch Cape Water District

Month/Year: Oct-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]

0.057

LRC [log removal]

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	OFF	OFF	OFF	OFF	OFF	N
2	0.030	0.04	0.040	0.05	4.21	Y
3	0.030	0.05	0.050	0.06	4.52	Y
4	OFF	OFF	OFF	0.03	OFF	Y
5	OFF	OFF	OFF	0.04	OFF	Y
6	0.030	0.04	0.040	0.05	4.44	Y
7	OFF	OFF	OFF	0.05	OFF	Y
8	OFF	OFF	OFF	0.03	OFF	Y
9	OFF	OFF	OFF	0.04	OFF	Y
10	OFF	OFF	OFF	0.05	OFF	Y
11	OFF	OFF	OFF	OFF	OFF	N
12	0.030	0.04	0.040	0.03	4.69	Y
13	0.030	0.05	0.050	0.05	4.53	Y
14	0.030	0.04	0.040	0.05	4.37	Y
15	OFF	OFF	OFF	0.05	OFF	Y
16	OFF	OFF	OFF	0.05	OFF	Y
17	OFF	OFF	OFF	OFF	OFF	N
18	0.030	0.04	0.040	0.04	4.44	Y
19	0.030	0.04	0.040	0.05	4.41	Y
20	OFF	OFF	OFF	0.05	OFF	Y
21	OFF	OFF	OFF	0.03	OFF	Y
22	OFF	OFF	OFF	0.04	4.56	Y
23	OFF	OFF	OFF	0.05	4.54	Y
24	OFF	OFF	OFF	0.03	4.51	Y
25	OFF	OFF	OFF	0.03	4.79	Y
26	OFF	OFF	OFF	0.04	4.56	Y
27	OFF	OFF	OFF	OFF	OFF	N
28	OFF	OFF	OFF	OFF	OFF	N
29	0.030	0.04	0.040	0.04	4.47	Y
30	0.030	0.04	0.040	0.05	4.43	Y
31	OFF	OFF	OFF	0.04	4.29	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	Yes	Yes	No
CT's met daily? (p. 2)	All Cl ₂ residual at EP ≥ 0.2 mg/L?	PDR ≤ PDR _{Max} ?	LRV _{ambient} ≥ LRC?	
No	Yes	Yes	Yes	

PRINTED NAME: Matthew R. Gardner

SIGNATURE: 

Notes:

DATE: 11/5/24

WT CERT #: T-09382 D-09383

PHONE #: 503 436 2790

Disinfection Monthly Operating Report

System Name: Arch Cape Water District

PWS ID#: 41 - 00802

Plant 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	0.640	235	150.4	14.9	7.44	15.5	YES	86	
2	0.830	279	231.6	15.2	7.47	15.7	YES	78	
3	0.910	274	249.3	14.6	7.45	16.4	YES	83	
4	0.840	252	211.7	14.5	7.46	16.4	YES	86	
5	0.810	247	200.1	14.5	7.43	16.2	YES	77	
6	0.910	262	238.4	14.4	7.47	16.7	YES	86	
7	0.870	272	236.6	14.2	7.45	16.7	YES	81	
8	0.790	271	214.1	14.3	7.44	16.4	YES	78	
9	0.800	253	202.4	14.2	7.02	14.1	YES	82	
10	0.790	268	211.7	14.2	7.42	16.4	YES	84	
11	0.750	343	257.3	14.1	7.45	16.6	YES	63	
12	0.700	226	158.2	14.1	7.44	16.5	YES	92	
13	0.710	247	175.4	14.3	7.41	16.1	YES	82	
14	0.880	266	234.1	14.4	7.45	16.5	YES	82	
15	0.850	334	283.9	14.3	7.44	16.5	YES	67	
16	0.790	79	62.4	14.2	7.45	16.6	YES	264	
17	0.770	287	221.0	14.0	7.42	16.6	YES	71	
18	0.740	268	198.3	13.8	7.46	17.0	YES	74	
19	0.800	259	207.2	13.8	7.44	17.0	YES	81	
20	0.810	275	222.8	13.9	7.42	16.8	YES	82	
21	0.740	316	233.8	13.7	7.51	17.4	YES	69	
22	0.690	293	202.2	13.5	7.49	17.4	YES	72	
23	0.740	365	270.1	13.1	7.43	17.6	YES	62	
24	0.700	383	268.1	12.9	7.40	17.6	YES	57	
25	0.740	444	328.6	12.8	7.41	17.8	YES	51	
26	0.760	340	258.4	12.9	7.42	17.8	YES	66	
27	0.740	317	234.6	13.0	7.44	17.8	YES	68	
28	0.710	351	249.2	12.9	7.53	18.4	YES	59	
29	0.850	454	385.9	12.7	7.50	18.8	YES	49	
30	0.820	376	308.3	12.5	7.32	17.7	YES	59	
31	0.850	439	373.2	12.2	7.35	18.6	YES	51	

* 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