

OHA - DWS

Membrane Filter Monthly Operating Report

County: **Clatsop**

System Name: **Arch Cape Water District**

Month/Year: **Nov-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

PDR_{Max} [^{psi}/_{min}]

LRC [log removal]

LRC = Log Removal Credit

0.057

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	OFF	OFF	OFF	OFF	N
2	OFF	OFF	OFF	OFF	OFF	N
3	OFF	OFF	OFF	OFF	OFF	N
4	OFF	OFF	OFF	OFF	OFF	N
5	OFF	OFF	OFF	OFF	OFF	N
6	0.030	0.04	0.040	0.039	4.58	Y
7	0.030	0.04	0.040	0.055	4.26	Y
8	OFF	OFF	OFF	0.043	OFF	Y
9	0.030	0.04	0.040	0.040	4.48	Y
10	0.030	0.04	0.040	0.040	4.43	Y
11	OFF	OFF	OFF	OFF	OFF	N
12	0.030	0.04	0.040	0.040	4.44	Y
13	OFF	OFF	OFF	OFF	OFF	N
14	OFF	OFF	OFF	OFF	OFF	N
15	0.030	0.03	0.030	0.042	4.52	Y
16	OFF	OFF	OFF	OFF	OFF	N
17	OFF	OFF	OFF	OFF	OFF	N
18	OFF	OFF	OFF	OFF	OFF	N
19	OFF	OFF	OFF	OFF	OFF	N
20	OFF	OFF	OFF	OFF	OFF	N
21	OFF	OFF	OFF	OFF	OFF	N
22	OFF	OFF	OFF	OFF	OFF	N
23	0.030	0.04	0.040	0.041	4.47	Y
24	OFF	OFF	OFF	OFF	OFF	N
25	OFF	OFF	OFF	OFF	OFF	N
26	OFF	OFF	OFF	OFF	OFF	N
27	0.030	0.04	0.040	0.040	4.55	Y
28	0.030	0.04	0.040	0.045	4.38	Y
29	OFF	OFF	OFF	0.043	OFF	Y
30	OFF	OFF	OFF	0.027	OFF	Y
31						

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?	
Yes	Yes	Yes	Yes	

PRINTED NAME: **Matthew R. Gardner**
 SIGNATURE: *[Signature]*
 Notes: **MERRI CHRISTMAS**

DATE: **12/2/24**
 WT CERT #: **T-09382 D-09383**
 PHONE #: **503 436 2790**

♣ Used for optimization purposes only.

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	0.830	447	371.0	12.1	7.28	18.2	YES	50	
2	0.800	350	280.0	12.1	7.30	18.3	YES	62	
3	0.760	70	53.2	12.1	7.32	18.3	YES	297	
4	0.740	322	238.3	12.1	7.34	18.4	YES	61	
5	0.730	371	270.8	12.0	7.33	18.4	YES	52	
6	0.820	447	366.5	11.7	7.20	18.2	YES	46	
7	0.840	61	51.2	11.5	7.22	18.6	YES	355	
8	0.850	320	272.0	11.4	7.05	17.6	YES	70	
9	0.850	352	299.2	11.4	7.07	17.8	YES	64	
10	0.850	282	239.7	11.4	7.03	17.5	YES	77	
11	0.850	291	247.4	11.5	7.10	17.8	YES	75	
12	0.850	306	260.1	11.4	7.20	18.6	YES	68	
13	0.810	368	298.1	11.5	7.23	18.6	YES	57	
14	0.780	504	393.1	11.3	7.24	18.8	YES	49	
15	0.790	373	294.7	11.0	7.27	19.4	YES	58	
16	0.810	331	268.1	10.8	7.25	19.6	YES	67	
17	0.820	256	209.9	10.7	7.22	19.5	YES	87	
18	0.800	374	299.2	10.4	7.15	19.4	YES	58	
19	0.850	549	466.7	10.1	7.13	19.7	YES	41	
20	0.840	451	378.8	9.9	7.13	20.0	YES	49	
21	0.810	421	341.0	9.8	7.14	20.1	YES	51	
22	0.800	339	271.2	9.9	7.15	20.0	YES	51	
23	0.850	355	301.8	9.7	7.12	20.2	YES	64	
24	0.910	302	274.8	9.6	7.11	20.4	YES	73	
25	0.900	388	349.2	9.6	7.12	20.4	YES	55	
26	0.840	178	149.5	9.6	7.15	20.5	YES	114	
27	0.850	295	250.8	9.5	7.13	20.5	YES	98	
28	0.890	304	270.6	9.2	7.09	20.7	YES	71	
29	0.870	267	232.3	9.1	7.09	20.8	YES	84	
30	0.860	223	191.8	8.9	7.10	21.1	YES	94	
31									

* 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: dpw.dmce@odhsoha.oregon.gov
 fax: 971-673-0458