

# OHA - DWS

## Membrane Filter Monthly Operating Report

County: **Clatsop**

System Name: **Arch Cape Water District**

Month/Year: **Dec-2024**

PWS ID#: 41 - **00802**

Minimum test pressure applied: **18** psi

Plant ID: WTP - **A**

Minimum test pressure req'd: **18** 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<sub>Max</sub> [<sup>psi</sup>/<sub>min</sub>]

LRC [log removal]

**0.057**

**4.00**

DIT Daily

Day	CFE Daily Turbidity [NTU]	Highest CFE* [NTU]	Highest IFE [NTU] (>15 minutes)	Highest PDR of day [ <sup>psi</sup> / <sub>min</sub> ]	Lowest LRV <sub>ambient</sub> of day [log removal]	[Y/N] or "off"
1	OFF	OFF	OFF	0.041	OFF	Y
2	OFF	OFF	OFF	0.026	OFF	Y
3	0.030	0.04	0.040	0.029	4.64	Y
4	OFF	OFF	OFF	0.053	OFF	Y
5	OFF	OFF	OFF	0.027	OFF	Y
6	OFF	OFF	OFF	0.042	OFF	Y
7	OFF	OFF	OFF	OFF	OFF	N
8	OFF	OFF	OFF	OFF	OFF	N
9	OFF	OFF	OFF	OFF	OFF	N
10	0.030	0.04	0.040	0.048	4.37	Y
11	OFF	OFF	OFF	OFF	OFF	N
12	OFF	OFF	OFF	OFF	OFF	N
13	0.030	0.04	0.040	0.039	4.33	Y
14	OFF	OFF	OFF	0.044	OFF	Y
15	0.030	0.04	0.040	0.039	4.34	Y
16	OFF	OFF	OFF	0.041	OFF	Y
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	0.030	0.04	0.040	0.038	4.32	Y
22	0.030	0.04	0.040	0.056	4.15	Y
23	OFF	OFF	OFF	0.051	OFF	Y
24	OFF	OFF	OFF	OFF	OFF	N
25	0.030	0.04	0.040	0.041	4.44	Y
26	OFF	OFF	OFF	OFF	OFF	N
27	OFF	OFF	OFF	OFF	OFF	N
28	OFF	OFF	OFF	OFF	OFF	N
29	OFF	OFF	OFF	OFF	OFF	N
30	OFF	OFF	OFF	OFF	OFF	N
31	0.030	0.04	0.040	0.043	4.38	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 <sub>Max</sub> , LRV ≥ LRC)	DIT Daily?
Yes	Yes	Yes	Yes	No
CT's met daily? (p. 2)	All Cl <sub>2</sub> residual at EP ≥ 0.2 mg/L?	PDR ≤ PDR <sub>Max</sub> ?	LRV <sub>ambient</sub> ≥ LRC?	
Yes	Yes	Yes	Yes	

PRINTED NAME: *Matthew R. Burdner*

SIGNATURE: *[Signature]*

Notes:

DATE: *1/5/24*  
 WT CERT #: *T-09382 D-09383*  
 PHONE #: *503 4342790*

♣ 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 <sub>2</sub> Residual at 1 <sup>st</sup> 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	0.850	334	283.9	8.7	7.08	21.2	YES	62	
2	0.830	403	334.5	8.5	7.09	21.5	YES	54	
3	0.810	427	345.9	8.2	7.09	21.9	YES	49	
4	0.810	342	277.0	8.2	7.09	21.9	YES	66	
5	0.800	379	303.2	8.3	7.11	21.9	YES	55	
6	0.810	464	375.8	8.2	7.10	22.0	YES	49	
7	0.780	354	276.1	8.5	7.12	21.7	YES	62	
8	0.800	322	257.6	8.6	7.13	21.6	YES	66	
9	0.800	447	357.6	8.5	7.12	21.7	YES	46	
10	0.850	386	328.1	8.1	7.08	22.1	YES	56	
11	0.830	496	411.7	8.5	7.13	21.9	YES	45	
12	0.830	60	49.8	8.5	7.14	21.9	YES	363	
13	0.860	464	399.0	8.4	7.09	21.8	YES	61	
14	0.860	335	288.1	8.7	7.12	21.6	YES	68	
15	0.900	435	391.5	8.6	7.13	21.9	YES	51	
16	0.850	564	479.4	8.5	7.16	22.1	YES	40	
17	0.900	404	363.6	8.7	7.18	22.1	YES	54	
18	0.910	442	402.2	8.8	7.15	21.8	YES	60	
19	0.900	449	404.1	8.7	7.14	21.8	YES	52	
20	0.890	409	364.0	8.9	7.12	21.4	YES	51	
21	0.890	382	340.0	9.2	7.13	21.0	YES	55	
22	0.890	402	357.8	9.3	7.12	20.8	YES	55	
23	0.800	311	248.8	9.6	7.16	20.5	YES	59	
24	0.910	347	315.8	9.7	7.17	20.7	YES	73	
25	0.870	351	305.4	9.5	7.15	20.7	YES	64	
26	0.850	368	312.8	9.4	7.18	21.0	YES	60	
27	0.850	383	325.6	9.6	7.16	20.6	YES	55	
28	0.830	224	185.9	10.0	7.20	20.3	YES	92	
29	0.790	221	174.6	9.9	7.20	20.3	YES	88	
30	0.800	241	192.8	9.8	7.19	20.4	YES	75	
31	0.800	266	212.8	9.5	7.17	20.7	YES	70	

\* 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 10<sup>th</sup> of following month by

mail: Drinking Water Services  
PO Box 14350  
Portland, OR 97293-0350  
email: [dwp.dmce@odhsoha.oregon.gov](mailto:dwp.dmce@odhsoha.oregon.gov)  
fax: 971-673-0458