

OHA - DWS

Membrane Filter Monthly Operating Report

County: Clatsop

System Name: Arch Cape Water District

Month/Year: Jan-2025

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

PDR_{Max} [psi/min]

LRC [log removal]

DIT Daily

LRC = Log Removal Credit

0.057

4.00

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	0.030	0.04	0.040	0.045	4.43	Y
2	0.030	0.04	0.040	0.048	4.38	Y
3	0.030	0.04	0.040	0.054	4.25	Y
4	OFF	OFF	OFF	OFF	OFF	OFF
5	OFF	OFF	OFF	OFF	OFF	OFF
6	OFF	OFF	OFF	OFF	OFF	OFF
7	0.030	0.04	0.040	0.041	4.45	Y
8	0.030	0.04	0.040	0.044	4.48	Y
9	0.030	0.04	0.040	0.049	4.17	Y
10	OFF	OFF	OFF	OFF	OFF	OFF
11	OFF	OFF	OFF	OFF	OFF	OFF
12	OFF	OFF	OFF	OFF	OFF	OFF
13	OFF	OFF	OFF	OFF	OFF	OFF
14	0.030	0.04	0.040	0.051	4.34	Y
15	OFF	OFF	OFF	OFF	OFF	OFF
16	OFF	OFF	OFF	OFF	OFF	OFF
17	0.030	0.04	0.040	0.044	4.40	Y
18	0.030	0.04	0.040	0.054	4.35	Y
19	OFF	OFF	OFF	OFF	OFF	OFF
20	OFF	OFF	OFF	OFF	OFF	OFF
21	OFF	OFF	OFF	OFF	OFF	OFF
22	OFF	OFF	OFF	OFF	OFF	OFF
23	0.030	0.04	0.040	0.041	4.50	Y
24	OFF	OFF	OFF	OFF	OFF	OFF
25	OFF	OFF	OFF	OFF	OFF	OFF
26	0.030	0.05	0.040	0.055	4.32	Y
27	OFF	OFF	OFF	OFF	OFF	OFF
28	OFF	OFF	OFF	OFF	OFF	OFF
29	0.030	0.04	0.040	0.043	4.41	Y
30	OFF	OFF	OFF	OFF	OFF	OFF
31	OFF	OFF	OFF	OFF	OFF	OFF

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	Yes
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 P. Gardner
 SIGNATURE: [Signature]

DATE: 2/7/25
 WT CERT #: T-09382 D-09383
 PHONE #: 503 436 2190

Notes:

♣ 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
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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	0.820	330	270.6	9.3	7.15	20.9	YES	52	
2	0.830	329	273.1	9.3	7.18	21.1	YES	65	
3	0.810	273	221.1	9.3	7.18	21.1	YES	82	
4	0.800	385	308.0	9.4	7.21	21.1	YES	58	
5	0.790	356	281.2	9.5	7.23	21.1	YES	60	
6	0.780	381	297.2	9.4	7.22	21.1	YES	54	
7	0.770	345	265.7	9.1	7.24	21.7	YES	59	
8	0.760	336	255.4	9.1	7.24	21.7	YES	62	
9	0.760	385	292.6	9.1	7.24	21.7	YES	70	
10	0.770	422	324.9	9.2	7.27	21.8	YES	53	
11	0.800	358	286.4	9.3	7.27	21.7	YES	60	
12	0.830	282	234.1	9.3	7.26	21.7	YES	72	
13	0.810	406	328.9	8.9	7.24	22.1	YES	52	
14	0.900	342	307.8	8.8	7.22	22.3	YES	61	
15	0.890	114	101.5	8.5	7.26	23.0	YES	177	
16	0.880	317	279.0	8.5	7.28	23.2	YES	47	
17	0.850	394	334.9	8.3	7.25	23.2	YES	51	
18	0.820	351	287.8	8.0	7.24	23.5	YES	62	
19	0.830	304	252.3	7.7	7.27	24.2	YES	74	
20	0.820	361	296.0	7.5	7.28	24.6	YES	60	
21	0.840	483	405.7	7.4	7.27	24.7	YES	47	
22	0.830	456	378.5	7.2	7.28	25.1	YES	48	
23	0.820	445	364.9	7.0	7.27	25.3	YES	49	
24	0.830	516	428.3	7.2	7.28	25.1	YES	44	
25	0.820	390	319.8	7.0	7.26	25.3	YES	55	
26	0.820	326	267.3	6.9	7.27	25.5	YES	68	
27	0.830	436	361.9	6.9	7.28	25.6	YES	50	
28	0.820	466	382.1	6.8	7.29	25.9	YES	47	
29	0.820	427	350.1	6.6	7.27	26.0	YES	53	
30	0.820	461	378.0	6.9	7.20	24.9	YES	47	
31	0.820	476	390.3	7.0	7.21	24.8	YES	45	

† 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