

OHA - DWS

Membrane Filter Monthly Operating Report

County: **Clatsop**

System Name: **Arch Cape Water District**

Month/Year: **Feb-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]

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	OFF
2	OFF	OFF	OFF	OFF	OFF	OFF
3	0.030	0.04	0.050	0.034	4.40	Yes
4	0.030	0.04	0.040	0.048	4.35	Yes
5	OFF	OFF	OFF	OFF	OFF	OFF
6	OFF	OFF	OFF	OFF	OFF	OFF
7	OFF	OFF	OFF	OFF	OFF	OFF
8	OFF	OFF	OFF	OFF	OFF	OFF
9	OFF	OFF	OFF	OFF	OFF	OFF
10	0.030	0.03	0.030	0.040	4.48	Yes
11	OFF	OFF	OFF	OFF	OFF	OFF
12	OFF	OFF	OFF	OFF	OFF	OFF
13	OFF	OFF	OFF	OFF	OFF	OFF
14	0.030	0.03	0.030	0.028	4.58	Yes
15	0.020	0.03	0.030	0.050	4.75	Yes
16	0.030	0.04	0.040	0.044	4.48	Yes
17	OFF	OFF	OFF	OFF	OFF	OFF
18	0.030	0.04	0.040	0.044	4.40	Yes
19	OFF	OFF	OFF	OFF	OFF	OFF
20	0.030	0.04	0.040	0.040	4.37	Yes
21	OFF	OFF	OFF	OFF	OFF	OFF
22	OFF	OFF	OFF	OFF	OFF	OFF
23	OFF	OFF	OFF	OFF	OFF	OFF
24	OFF	OFF	OFF	OFF	OFF	OFF
25	OFF	OFF	OFF	OFF	OFF	OFF
26	OFF	OFF	OFF	OFF	OFF	OFF
27	0.030	0.04	0.040	0.049	4.29	Yes
28	0.030	0.04	0.040	0.046	4.24	Yes
29						
30						
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	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 R. Gardner*

SIGNATURE: *M. Gardner*

Notes:

DATE: *3/2/25*

WT CERT #: *1-09382 D-09383*

PHONE #:

503 430 7790

♣ Used for optimization purposes only.

OHA-DWS

Disinfection Monthly Operating Report

System Name: Arch Cape Water District

PWS ID#: 41 - 802

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	0.810	366	296.5	7.0	7.29	25.5	YES	57	
2	0.800	316	252.8	6.9	7.33	26.0	YES	63	
3	0.880	398	350.2	6.6	7.26	26.1	YES	54	
4	0.870	668	581.2	6.3	7.26	26.6	YES	47	
5	0.850	433	368.1	6.1	7.29	27.2	YES	51	
6	0.840	582	488.9	5.9	7.30	27.6	YES	37	
7	0.850	395	335.8	5.8	7.28	27.7	YES	57	
8	0.850	466	396.1	5.9	7.30	27.7	YES	47	
9	0.840	425	357.0	5.6	7.27	27.9	YES	52	
10	0.840	627	526.7	5.6	7.28	28.0	YES	41	
11	0.820	625	512.5	5.5	7.29	28.2	YES	47	
12	0.820	118	96.8	5.4	7.29	28.4	YES	191	
13	0.810	541	438.2	5.4	7.30	28.5	YES	41	
14	0.800	425	340.0	5.3	7.31	28.8	YES	54	
15	0.810	393	318.3	5.4	7.29	28.4	YES	73	
16	0.800	307	245.6	5.6	7.26	27.7	YES	74	
17	0.790	278	219.6	6.1	7.29	27.0	YES	79	
18	0.800	417	333.6	5.9	7.27	27.2	YES	53	
19	0.780	36	28.1	6.5	7.27	26.1	YES	623	
20	0.760	399	303.2	6.2	7.26	26.5	YES	55	
21	0.780	499	389.2	6.7	7.27	25.7	YES	48	
22	0.790	439	346.8	7.0	7.25	25.1	YES	51	
23	0.790	420	331.8	7.2	7.27	24.9	YES	45	
24	0.800	597	477.6	7.5	7.27	24.5	YES	34	
25	0.820	413	338.7	7.5	7.27	24.5	YES	47	
26	0.810	414	335.3	7.6	7.26	24.2	YES	45	
27	0.840	405	340.2	7.7	7.25	24.1	YES	51	
28	0.890	432	384.5	7.9	7.25	23.9	YES	52	
29									
30									
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: dwp.dmce@odhsoha.oregon.gov

fax: 971-673-0458