OHA - DWS

Membrane Filter Monthly Operating Report

County: **Clatsop**

System Name: **Arch Cape Water District**

Month/Year: **May-2025**

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} [$^{psi}/_{min}$]	LRC [log removal]	DIT Daily
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	0.049	4.25	Yes
2	OFF	OFF	OFF	OFF	OFF	OFF
3	OFF	OFF	OFF	OFF	OFF	OFF
4	0.030	0.04	0.04	0.049	4.29	Yes
5	OFF	OFF	OFF	OFF	OFF	OFF
6	OFF	OFF	OFF	OFF	OFF	OFF
7	OFF	OFF	OFF	OFF	OFF	OFF
8	0.030	0.04	0.040	0.047	4.40	Yes
9	OFF	OFF	OFF	OFF	OFF	OFF
10	0.030	0.040	0.040	0.034	4.53	Yes
11	0.030	0.04	0.040	0.048	4.34	Yes
12	OFF	OFF	OFF	OFF	OFF	OFF
13	OFF	OFF	OFF	OFF	OFF	OFF
14	0.030	0.04	0.040	0.038	4.39	Yes
15	0.030	0.04	0.040	0.045	4.46	Yes
16	0.030	0.04	0.040	0.055	4.25	Yes
17	OFF	OFF	OFF	OFF	OFF	OFF
18	OFF	OFF	OFF	OFF	OFF	OFF
19	0.030	0.04	0.040	0.046	4.45	Yes
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	0.034	4.62	Yes
24	0.030	0.04	0.040	0.035	4.62	Yes
25	0.030	0.04	0.040	0.043	4.54	Yes
26	OFF	OFF	OFF	OFF	OFF	OFF
27	OFF	OFF	OFF	OFF	OFF	OFF
28	0.030	0.04	0.040	0.049	4.37	Yes
29	OFF	OFF	OFF	OFF	OFF	OFF
30	OFF	OFF	OFF	OFF	OFF	OFF
31	0.030	0.04	0.040	0.056	4.60	Yes

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: MG

DATE: 6/5/25

WT CERT #: T-09382 D-09383

PHONE #: 503 436 2790

Notes:

♣ *Used for optimization purposes only.*

Revised 10/1/2024

OHA-DWS

Disinfection Monthly Operating Report

System Name: **Arch Cape Water District**

PWS ID#: 41 - **00802**

Plant ID : WTP - **A**

0.5

Day	Minimum Cl_2 Residual at 1st 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]	Lowest Reservoir Level (ft)
1	0.740	373	275.9	11.9	7.39	19.0	YES	60	26.4
2	0.740	291	215.1	11.9	7.44	19.3	YES	77	26.2
3	0.730	320	233.3	11.9	7.46	19.4	YES	67	25.0
4	0.740	309	228.4	11.9	7.43	19.2	YES	70	25.4
5	0.740	322	238.0	12.0	7.43	19.1	YES	70	26.6
6	0.720	430	309.3	12.0	7.46	19.3	YES	50	25.1
7	0.710	423	300.2	12.0	7.43	19.0	YES	49	24.0
8	0.690	361	248.8	12.1	7.44	18.9	YES	59	24.8
9	0.840	328	275.7	12.4	7.45	19.0	YES	69	26.8
10	0.820	274	225.1	12.3	7.45	19.0	YES	78	25.0
11	0.860	315	270.5	12.5	7.43	18.6	YES	72	26.8
12	0.850	276	234.8	12.3	7.49	19.4	YES	80	26.0
13	0.830	374	310.7	12.4	7.50	19.3	YES	57	24.9
14	0.820	310	254.4	12.4	7.50	19.2	YES	65	23.2
15	0.850	259	219.9	12.5	7.46	18.8	YES	83	25.1
16	0.840	311	261.0	12.3	7.43	18.9	YES	70	25.5
17	0.850	394	334.7	12.3	7.50	19.4	YES	57	26.5
18	0.820	275	225.8	12.2	7.53	19.7	YES	77	24.7
19	0.830	266	220.4	12.1	7.46	19.4	YES	84	26.3
20	0.790	450	355.7	12.2	7.51	19.5	YES	50	26.6
21	0.790	326	257.9	12.1	7.55	19.9	YES	66	25.2
22	0.780	339	264.0	12.2	7.54	19.7	YES	61	23.9
23	0.760	206	156.9	12.1	7.51	19.6	YES	95	22.4
24	0.800	351	280.8	12.5	7.48	18.8	YES	60	24.5
25	0.800	283	226.0	12.7	7.52	18.8	YES	77	25.5
26	0.830	266	221.2	12.8	7.50	18.6	YES	85	26.8
27	0.800	321	256.7	12.7	7.51	18.7	YES	65	24.2
28	0.790	257	202.8	12.8	7.50	18.5	YES	85	25.6
29	0.800	390	312.4	13.1	7.52	18.3	YES	58	26.8
30	0.800	286	229.1	13.2	7.52	18.2	YES	75	25.1
31	0.820	437	358.2	13.5	7.52	17.9	YES	52	26.9

♦ 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

Volume/ft of depth (gal)	Baffling Factor(%)	Effective Reservoir Volume (gal)	Tank Contact Time (min)	Pipe Diameter (in)	Pipe Length (ft)	Pipe Volume (gal) (baffling=1)
18,381	0.0375	18,197	303	8	1,600	4,176
18,381	0.0375	18,059	236	8	1,600	4,176
18,381	0.0375	17,232	257	8	1,600	4,176
18,381	0.0375	17,508	249	8	1,600	4,176
18,381	0.0375	18,335	262	8	1,600	4,176
18,381	0.0375	17,301	346	8	1,600	4,176
18,381	0.0375	16,543	338	8	1,600	4,176
18,381	0.0375	17,094	290	8	1,600	4,176
18,381	0.0375	18,473	268	8	1,600	4,176
18,381	0.0375	17,232	221	8	1,600	4,176
18,381	0.0375	18,473	257	8	1,600	4,176
18,381	0.0375	17,921	224	8	1,600	4,176
18,381	0.0375	17,163	301	8	1,600	4,176
18,381	0.0375	15,991	246	8	1,600	4,176
18,381	0.0375	17,301	208	8	1,600	4,176
18,381	0.0375	17,577	251	8	1,600	4,176
18,381	0.0375	18,266	320	8	1,600	4,176
18,381	0.0375	17,025	221	8	1,600	4,176
18,381	0.0375	18,128	216	8	1,600	4,176
18,381	0.0375	18,335	367	8	1,600	4,176
18,381	0.0375	17,370	263	8	1,600	4,176
18,381	0.0375	16,474	270	8	1,600	4,176
18,381	0.0375	15,440	163	8	1,600	4,176
18,381	0.0375	16,888	281	8	1,600	4,176
18,381	0.0375	17,577	228	8	1,600	4,176
18,381	0.0375	18,473	217	8	1,600	4,176
18,381	0.0375	16,681	257	8	1,600	4,176
18,381	0.0375	17,646	208	8	1,600	4,176
18,381	0.0375	18,473	318	8	1,600	4,176
18,381	0.0375	17,301	231	8	1,600	4,176
18,381	0.0375	18,542	357	8	1,600	4,176

	⇦ Log Inactivation Required via Disinfection

Pipe Contact Time	Notes (e.g. "Plant Off")
70	OFF
55	OFF
62	OFF
59	
60	OFF
84	
85	
71	
61	
54	OFF
58	
52	OFF
73	OFF
64	
50	OFF
60	OFF
73	OFF
54	
50	OFF
84	OFF
63	OFF
68	OFF
44	
70	
54	
49	
64	
49	
72	
56	
80	