

OHA - DWS

Membrane Filter Monthly Operating Report

County: **Clatsop**

System Name: **Arch Cape Water District**

Month/Year: **Jun-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]
0.057

LRC [log removal]
4.00

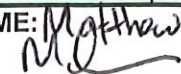
DIT
Daily

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	0.030	0.04	0.040	0.042	4.44	YES
3	0.030	0.04	0.040	0.051	4.34	YES
4	OFF	OFF	OFF	OFF	OFF	OFF
5	OFF	OFF	OFF	OFF	OFF	OFF
6	0.030	0.04	0.040	0.050	4.39	YES
7	OFF	OFF	OFF	OFF	OFF	OFF
8	OFF	OFF	OFF	OFF	OFF	OFF
9	0.030	0.04	0.040	0.051	4.28	YES
10	OFF	OFF	OFF	OFF	OFF	OFF
11	OFF	OFF	OFF	OFF	OFF	OFF
12	0.030	0.04	0.040	0.051	4.23	YES
13	OFF	OFF	OFF	OFF	OFF	OFF
14	OFF	OFF	OFF	OFF	OFF	OFF
15	0.030	0.04	0.040	0.043	4.55	YES
16	OFF	OFF	OFF	OFF	OFF	OFF
17	0.030	0.04	0.040	0.045	4.27	YES
18	OFF	OFF	OFF	OFF	OFF	OFF
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	0.034	4.28	YES
24	0.030	0.04	0.040	0.045	4.24	YES
25	0.030	0.04	0.040	0.050	4.17	YES
26	OFF	OFF	OFF	OFF	OFF	OFF
27	0.030	0.04	0.040	0.051	4.18	YES
28	OFF	OFF	OFF	OFF	OFF	OFF
29	OFF	OFF	OFF	OFF	OFF	OFF
30	0.030	0.04	0.040	0.041	4.33	YES
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: 

Notes:

DATE: **7/14/25**

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

PHONE #: **503 436 2790**

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Disinfection Monthly Operating ReportSystem Name: **Arch Cape Water District**PWS ID#: 41 - **00802****0.5**Plant ID : WTP - **A**

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]	Lowest Reservoir Level (ft)
1	0.810	322	261.0	13.5	7.52	17.9	YES	68	25.5
2	0.800	250	200.3	13.6	7.50	17.6	YES	83	24.0
3	0.860	406	348.8	13.8	7.48	17.3	YES	55	26.3
4	0.820	278	228.0	13.8	7.50	17.4	YES	78	25.4
5	0.820	358	293.7	13.8	7.55	17.7	YES	59	24.6
6	0.820	265	217.0	14.0	7.49	17.1	YES	83	25.8
7	0.820	353	289.3	14.1	7.55	17.4	YES	64	26.7
8	0.800	225	179.9	14.1	7.55	17.3	YES	94	24.6
9	0.800	223	178.3	14.3	7.52	16.9	YES	97	25.3
10	0.810	366	296.8	14.5	7.55	16.9	YES	62	26.9
11	0.790	265	209.5	14.5	7.57	17.0	YES	81	25.1
12	0.780	309	240.9	14.7	7.55	16.6	YES	70	25.3
13	0.800	269	215.0	14.6	7.56	16.8	YES	84	26.7
14	0.780	240	187.3	14.5	7.58	17.0	YES	88	24.6
15	0.850	250	212.6	14.3	7.52	17.0	YES	90	26.6
16	0.830	207	171.4	14.1	7.58	17.6	YES	106	25.7
17	0.820	286	234.3	14.1	7.57	17.5	YES	73	24.2
18	0.850	293	249.3	14.6	7.56	16.9	YES	77	26.7
19	0.840	224	188.5	14.5	7.59	17.2	YES	96	25.2
20	0.870	224	194.5	14.7	7.58	17.0	YES	101	26.7
21	0.840	345	290.0	14.5	7.61	17.3	YES	62	25.0
22	0.840	243	204.5	14.4	7.61	17.4	YES	82	22.9
23	0.830	29	24.1	14.6	7.57	16.9	YES	627	20.3
24	0.850	307	261.0	14.7	7.51	16.5	YES	65	22.9
25	0.800	208	166.7	14.2	7.45	16.6	YES	109	26.9
26	0.780	243	189.8	14.3	7.50	16.8	YES	88	25.1
27	0.780	225	175.7	14.3	7.44	16.4	YES	99	26.3
28	0.760	282	214.0	14.4	7.48	16.5	YES	78	25.7
29	0.740	274	203.1	14.4	7.50	16.6	YES	74	23.5
30	0.740	191	141.5	14.4	7.49	16.5	YES	98	21.1
31		#DIV/0!							

* 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

OHA-DWS

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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	17,577	260	8	1,600	4,176
18,381	0.0375	16,543	200	8	1,600	4,176
18,381	0.0375	18,128	330	8	1,600	4,176
18,381	0.0375	17,508	224	8	1,600	4,176
18,381	0.0375	16,956	287	8	1,600	4,176
18,381	0.0375	17,784	214	8	1,600	4,176
18,381	0.0375	18,404	288	8	1,600	4,176
18,381	0.0375	16,956	180	8	1,600	4,176
18,381	0.0375	17,439	180	8	1,600	4,176
18,381	0.0375	18,542	299	8	1,600	4,176
18,381	0.0375	17,301	214	8	1,600	4,176
18,381	0.0375	17,439	249	8	1,600	4,176
18,381	0.0375	18,404	219	8	1,600	4,176
18,381	0.0375	16,956	193	8	1,600	4,176
18,381	0.0375	18,335	204	8	1,600	4,176
18,381	0.0375	17,715	167	8	1,600	4,176
18,381	0.0375	16,681	229	8	1,600	4,176
18,381	0.0375	18,404	239	8	1,600	4,176
18,381	0.0375	17,370	181	8	1,600	4,176
18,381	0.0375	18,404	182	8	1,600	4,176
18,381	0.0375	17,232	278	8	1,600	4,176
18,381	0.0375	15,785	192	8	1,600	4,176
18,381	0.0375	13,993	22	8	1,600	4,176
18,381	0.0375	15,785	243	8	1,600	4,176
18,381	0.0375	18,542	170	8	1,600	4,176
18,381	0.0375	17,301	196	8	1,600	4,176
18,381	0.0375	18,128	183	8	1,600	4,176
18,381	0.0375	17,715	228	8	1,600	4,176
18,381	0.0375	16,198	218	8	1,600	4,176
18,381	0.0375	14,558	149	8	1,600	4,176
18,381	0.0375	-	#DIV/0!	8	1,600	4,176

↩ Log
Inactivation
Required via
Disinfection

Pipe Contact Time	Notes (e.g. "Plant Off")
62	OFF
50	OFF
76	OFF
54	OFF
71	OFF
50	
65	
44	
43	
67	OFF
52	
60	OFF
50	OFF
47	
46	OFF
39	OFF
57	OFF
54	
44	OFF
41	OFF
67	OFF
51	OFF
7	
64	
38	
47	OFF
42	
54	OFF
56	OFF
43	
#DIV/0!	