OHA - DWS

Membrane Filter Monthly Operating Report

County: **Clatsop**

System Name: **Arch Cape Water District** Month/Year: **Jul-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]
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]	DIT Daily [Y/N] or "off"
1	0.030	0.04	0.040	0.050	4.22	Yes
2	OFF	OFF	OFF	OFF	OFF	OFF
3	OFF	OFF	OFF	OFF	OFF	OFF
4	0.030	0.04	0.040	0.050	4.26	Yes
5	0.030	0.04	0.040	0.055	4.26	Yes
6	0.030	0.04	0.040	0.055	4.29	Yes
7	OFF	OFF	OFF	OFF	OFF	OFF
8	OFF	OFF	OFF	OFF	OFF	OFF
9	0.030	0.04	0.040	0.056	4.42	Yes
10	0.030	0.040	0.040	0.045	4.36	Yes
11	0.030	0.04	0.040	0.046	4.26	Yes
12	OFF	OFF	OFF	OFF	OFF	OFF
13	OFF	OFF	OFF	OFF	OFF	OFF
14	0.030	0.04	0.040	0.045	4.22	Yes
15	OFF	OFF	OFF	OFF	OFF	OFF
16	0.030	0.04	0.040	0.045	4.39	Yes
17	OFF	OFF	OFF	OFF	OFF	OFF
18	0.030	0.04	0.040	0.054	4.27	Yes
19	OFF	OFF	OFF	OFF	OFF	OFF
20	OFF	OFF	OFF	OFF	OFF	OFF
21	0.030	0.04	0.040	0.050	4.38	Yes
22	OFF	OFF	OFF	OFF	OFF	OFF
23	OFF	OFF	OFF	OFF	OFF	OFF
24	0.030	0.04	0.040	0.045	4.37	Yes
25	OFF	OFF	OFF	OFF	OFF	OFF
26	OFF	OFF	OFF	OFF	OFF	OFF
27	0.030	0.04	0.040	0.049	4.18	Yes
28	OFF	OFF	OFF	OFF	OFF	OFF
29	OFF	OFF	OFF	OFF	OFF	OFF
30	0.030	0.04	0.040	0.046	4.32	Yes
31	0.030	0.04	0.040	0.051	4.14	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 **DATE:** 8/5/25

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

Notes: **PHONE #:** 503 436 2790

♣ *Used for optimization purposes only.*

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	248	183.5	14.9	7.50	16.0	YES	88	25.6
2	0.770	219	168.8	15.0	7.53	16.1	YES	103	26.7
3	0.760	219	166.5	15.1	7.53	16.0	YES	104	27.0
4	0.760	218	165.6	15.1	7.49	15.8	YES	103	26.5
5	0.740	173	127.8	15.0	7.50	15.9	YES	124	25.0
6	0.760	252	191.3	15.0	7.46	15.7	YES	90	26.8
7	0.730	198	144.4	15.0	7.51	16.0	YES	110	25.5
8	0.740	240	177.7	15.3	7.52	15.7	YES	90	25.3
9	0.730	273	199.1	15.4	7.49	15.4	YES	80	25.6
10	0.730	225	164.3	15.5	7.48	15.3	YES	93	24.3
11	0.800	222	177.2	15.6	7.49	15.3	YES	101	26.4
12	0.780	224	175.1	15.5	7.53	15.6	YES	96	25.2
13	0.820	245	200.6	15.7	7.54	15.6	YES	92	26.6
14	0.810	217	175.4	15.9	7.52	15.2	YES	103	26.3
15	0.830	269	223.0	15.9	7.56	15.5	YES	82	25.9
16	0.850	233	198.5	16.1	7.51	15.0	YES	97	26.8
17	0.850	325	275.9	16.1	7.55	15.3	YES	70	26.9
18	0.830	246	204.1	16.3	7.52	14.9	YES	91	26.4
19	0.800	224	179.6	16.2	7.56	15.1	YES	96	25.2
20	0.800	200	159.8	16.2	7.57	15.2	YES	111	26.1
21	0.810	253	204.9	16.2	7.54	15.0	YES	89	26.6
22	0.800	262	209.4	16.1	7.57	15.3	YES	86	26.6
23	0.810	259	209.7	16.1	7.58	15.4	YES	88	27.0
24	0.780	268	208.8	16.1	7.56	15.2	YES	81	25.4
25	0.810	211	171.0	16.2	7.61	15.4	YES	106	26.4
26	0.870	249	216.5	16.1	7.61	15.6	YES	91	26.8
27	0.850	188	159.9	15.9	7.58	15.6	YES	120	26.7
28	0.830	206	170.9	15.8	7.65	16.1	YES	105	25.3
29	0.850	236	200.8	15.9	7.63	15.9	YES	95	26.5
30	0.850	233	197.9	16.2	7.60	15.4	YES	97	26.7
31	0.830	228	189.0	16.1	7.64	15.7	YES	94	25.0

♦ 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

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	17,646	201	8	1,600	4,176
18,381	0.0375	18,404	179	8	1,600	4,176
18,381	0.0375	18,611	179	8	1,600	4,176
18,381	0.0375	18,266	177	8	1,600	4,176
18,381	0.0375	17,232	139	8	1,600	4,176
18,381	0.0375	18,473	205	8	1,600	4,176
18,381	0.0375	17,577	160	8	1,600	4,176
18,381	0.0375	17,439	194	8	1,600	4,176
18,381	0.0375	17,646	221	8	1,600	4,176
18,381	0.0375	16,750	180	8	1,600	4,176
18,381	0.0375	18,197	180	8	1,600	4,176
18,381	0.0375	17,370	181	8	1,600	4,176
18,381	0.0375	18,335	199	8	1,600	4,176
18,381	0.0375	18,128	176	8	1,600	4,176
18,381	0.0375	17,853	218	8	1,600	4,176
18,381	0.0375	18,473	190	8	1,600	4,176
18,381	0.0375	18,542	265	8	1,600	4,176
18,381	0.0375	18,197	200	8	1,600	4,176
18,381	0.0375	17,370	181	8	1,600	4,176
18,381	0.0375	17,990	162	8	1,600	4,176
18,381	0.0375	18,335	206	8	1,600	4,176
18,381	0.0375	18,335	213	8	1,600	4,176
18,381	0.0375	18,611	211	8	1,600	4,176
18,381	0.0375	17,508	216	8	1,600	4,176
18,381	0.0375	18,197	172	8	1,600	4,176
18,381	0.0375	18,473	203	8	1,600	4,176
18,381	0.0375	18,404	153	8	1,600	4,176
18,381	0.0375	17,439	166	8	1,600	4,176
18,381	0.0375	18,266	192	8	1,600	4,176
18,381	0.0375	18,404	190	8	1,600	4,176
18,381	0.0375	17,232	183	8	1,600	4,176

	⇦ Log Inactivation Required via Disinfection

Pipe Contact Time	Notes (e.g. "Plant Off")
47	OFF
41	OFF
40	OFF
41	OFF
34	OFF
46	
38	
46	
52	
45	OFF
41	
44	OFF
45	OFF
41	
51	OFF
43	OFF
60	OFF
46	
44	OFF
38	OFF
47	OFF
49	OFF
47	
52	
39	
46	
35	
40	
44	
43	
44	