OHA - DWS

Membrane Filter Monthly Operating Report

County: **Clatsop**

System Name: **Arch Cape Water District**

Month/Year: **Aug-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	off	off	off	off	off	off
2	0.030	0.04	0.040	0.057	4.30	Yes
3	0.030	0.04	0.040	0.048	4.19	Yes
4	0.030	0.04	0.04	0.046	4.32	Yes
5	0.030	0.04	0.040	0.045	4.24	Yes
6	off	off	off	off	off	off
7	0.030	0.04	0.040	0.046	4.28	Yes
8	off	off	off	off	off	off
9	off	off	off	off	off	off
10	0.030	0.040	0.040	0.056	4.43	Yes
11	off	off	off	off	off	off
12	0.030	0.04	0.040	0.052	4.31	Yes
13	0.030	0.04	0.040	0.056	4.30	Yes
14	0.030	0.04	0.040	0.055	4.35	Yes
15	off	off	off	off	off	off
16	off	off	off	off	off	off
17	off	off	off	off	off	off
18	off	off	off	off	off	off
19	0.030	0.04	0.040	0.047	4.33	Yes
20	0.030	0.04	0.040	0.055	4.25	Yes
21	0.030	0.04	0.040	0.053	4.30	Yes
22	0.030	0.04	0.04	0.051	4.30	Yes
23	off	off	off	off	off	off
24	0.030	0.04	0.040	0.052	4.38	Yes
25	off	off	off	off	off	off
26	off	off	off	off	off	off
27	off	off	off	off	off	off
28	0.030	0.04	0.040	0.050	4.33	Yes
29	off	off	off	off	off	off
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 R Gardner

SIGNATURE:

DATE: 9/1/25

WT CERT #: T-09382, D-09383

PHONE #: 503 436 2790

Notes:

♣ *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	0.870	269	233.9	16.4	7.65	15.6	YES	84	26.7
2	0.880	229	201.3	16.5	7.61	15.2	YES	99	26.8
3	0.860	188	161.5	16.5	7.63	15.3	YES	114	25.0
4	0.890	239	212.8	16.5	7.62	15.3	YES	95	26.9
5	0.870	241	209.3	16.4	7.65	15.6	YES	89	25.0
6	0.910	239	217.9	16.6	7.67	15.5	YES	94	26.6
7	0.870	242	210.6	16.4	7.62	15.4	YES	93	26.6
8	0.840	260	218.1	16.3	7.69	15.8	YES	83	25.2
9	0.830	232	192.6	16.4	7.65	15.5	YES	97	26.6
10	0.850	200	170.4	16.5	7.61	15.2	YES	114	27.1
11	0.810	213	172.8	16.6	7.67	15.4	YES	100	24.9
12	0.800	250	199.8	16.8	7.64	15.0	YES	86	25.1
13	0.830	249	207.0	17.0	7.63	14.8	YES	90	26.5
14	0.840	240	201.8	17.3	7.64	14.5	YES	94	26.7
15	0.830	209	173.5	17.3	7.69	14.8	YES	108	26.7
16	0.800	260	207.8	17.2	7.70	14.9	YES	84	25.6
17	0.770	207	159.5	17.2	7.70	14.9	YES	97	23.1
18	0.750	170	127.6	17.2	7.71	14.9	YES	110	21.1
19	0.860	236	202.8	17.1	7.64	14.8	YES	87	23.7
20	0.820	232	190.1	17.0	7.65	14.9	YES	87	23.2
21	0.880	254	223.3	16.8	7.60	14.9	YES	86	25.6
22	0.860	254	218.2	16.7	7.60	14.9	YES	89	26.7
23	0.820	239	196.0	16.6	7.64	15.2	YES	91	25.5
24	0.820	191	156.3	16.9	7.57	14.5	YES	117	26.3
25	0.800	228	182.4	16.9	7.63	14.8	YES	96	25.7
26	0.860	298	256.3	16.8	7.62	15.0	YES	76	26.8
27	0.830	292	242.6	16.8	7.64	15.0	YES	73	24.9
28	0.850	201	171.2	16.6	7.59	15.0	YES	109	25.8
29	0.820	258	211.7	16.5	7.63	15.2	YES	84	25.4
30	0.840	270	227.1	16.2	7.62	15.5	YES	83	26.5
31	0.840	232	194.9	16.1	7.62	15.6	YES	97	26.6

♦ 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	18,404	219	8	1,600	4,176
18,381	0.0375	18,473	187	8	1,600	4,176
18,381	0.0375	17,232	151	8	1,600	4,176
18,381	0.0375	18,542	195	8	1,600	4,176
18,381	0.0375	17,232	194	8	1,600	4,176
18,381	0.0375	18,335	195	8	1,600	4,176
18,381	0.0375	18,335	197	8	1,600	4,176
18,381	0.0375	17,370	209	8	1,600	4,176
18,381	0.0375	18,335	189	8	1,600	4,176
18,381	0.0375	18,680	164	8	1,600	4,176
18,381	0.0375	17,163	172	8	1,600	4,176
18,381	0.0375	17,301	201	8	1,600	4,176
18,381	0.0375	18,266	203	8	1,600	4,176
18,381	0.0375	18,404	196	8	1,600	4,176
18,381	0.0375	18,404	170	8	1,600	4,176
18,381	0.0375	17,646	210	8	1,600	4,176
18,381	0.0375	15,923	164	8	1,600	4,176
18,381	0.0375	14,544	132	8	1,600	4,176
18,381	0.0375	16,336	188	8	1,600	4,176
18,381	0.0375	15,991	184	8	1,600	4,176
18,381	0.0375	17,646	205	8	1,600	4,176
18,381	0.0375	18,404	207	8	1,600	4,176
18,381	0.0375	17,577	193	8	1,600	4,176
18,381	0.0375	18,128	155	8	1,600	4,176
18,381	0.0375	17,715	185	8	1,600	4,176
18,381	0.0375	18,473	243	8	1,600	4,176
18,381	0.0375	17,163	235	8	1,600	4,176
18,381	0.0375	17,784	163	8	1,600	4,176
18,381	0.0375	17,508	208	8	1,600	4,176
18,381	0.0375	18,266	220	8	1,600	4,176
18,381	0.0375	18,335	189	8	1,600	4,176

	⇦ Log Inactivation Required via Disinfection

Pipe Contact Time	Notes (e.g. "Plant Off")
50	OFF
42	OFF
37	OFF
44	OFF
47	OFF
44	
45	
50	
43	
37	OFF
42	
49	OFF
46	OFF
44	
39	OFF
50	OFF
43	OFF
38	
48	OFF
48	OFF
49	OFF
47	OFF
46	
36	
44	
55	
57	
38	
50	
50	
43	