OHA - DWS

Membrane Filter Monthly Operating Report

County: **Clatsop**

System Name: **Arch Cape Water District**

Month/Year: **Oct-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	OFF	OFF	OFF	OFF	OFF	OFF
3	0.030	0.04	0.040	0.049	4.33	Yes
4	OFF	OFF	OFF	OFF	OFF	OFF
5	0.030	0.04	0.040	0.056	4.29	Yes
6	OFF	OFF	OFF	OFF	4.47	OFF
7	OFF	OFF	OFF	OFF	4.47	OFF
8	OFF	OFF	OFF	OFF	OFF	OFF
9	OFF	OFF	OFF	OFF	OFF	OFF
10	OFF	OFF	OFF	OFF	OFF	OFF
11	OFF	OFF	OFF	OFF	OFF	OFF
12	0.030	0.04	0.040	0.049	4.37	Yes
13	0.030	0.04	0.040	0.055	4.20	Yes
14	OFF	OFF	OFF	OFF	OFF	OFF
15	0.030	0.04	0.040	0.043	4.45	Yes
16	OFF	OFF	OFF	OFF	OFF	OFF
17	OFF	OFF	OFF	OFF	OFF	OFF
18	0.030	0.04	0.040	0.030	4.59	Yes
19	OFF	OFF	OFF	OFF	OFF	OFF
20	OFF	OFF	OFF	OFF	OFF	OFF
21	0.030	0.04	0.040	0.050	4.46	Yes
22	0.030	0.04	0.04	0.052	4.25	Yes
23	0.030	0.03	0.040	0.046	4.42	Yes
24	OFF	OFF	OFF	OFF	OFF	OFF
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	0.044	4.26	Yes
29	0.030	0.04	0.040	0.056	4.33	Yes
30	0.030	0.04	0.040	0.052	4.32	Yes
31	0.030	0.04	0.040	0.053	4.33	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: 11/3/25

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	0.770	343	264.1	15.0	7.80	17.8	YES	61	24.3
2	0.760	457	347.2	15.0	7.77	17.6	YES	44	23.1
3	0.850	252	214.1	15.0	7.04	13.6	YES	88	26.1
4	0.820	301	247.2	15.0	7.09	13.8	YES	74	26.3
5	0.790	253	200.0	14.9	7.10	13.9	YES	84	24.8
6	0.820	323	264.5	14.9	7.06	13.7	YES	70	26.7
7	0.790	307	242.4	14.9	7.08	13.8	YES	70	25.1
8	0.790	330	260.7	15.0	7.07	13.6	YES	68	26.5
9	0.760	364	276.4	14.8	7.14	14.1	YES	60	25.6
10	0.780	333	259.8	14.8	7.06	13.8	YES	68	26.8
11	0.760	315	239.6	14.6	7.10	14.1	YES	69	25.5
12	0.750	244	183.1	14.6	7.05	13.8	YES	84	23.7
13	0.720	360	258.8	14.0	7.00	14.1	YES	63	26.8
14	0.670	435	291.2	13.7	7.06	14.6	YES	51	26.1
15	0.630	364	229.5	13.6	7.06	14.7	YES	58	24.6
16	0.600	315	188.7	13.5	7.03	14.5	YES	72	26.8
17	0.740	365	270.3	13.4	7.05	15.0	YES	62	26.8
18	0.710	285	202.7	13.3	7.08	15.2	YES	75	25.0
19	0.780	318	248.1	13.2	7.06	15.3	YES	71	26.7
20	0.760	334	253.5	13.1	7.08	15.5	YES	65	25.4
21	0.740	354	261.6	13.0	7.05	15.4	YES	59	24.2
22	0.820	420	344.1	13.1	7.00	15.1	YES	52	25.6
23	0.840	313	263.1	13.1	7.05	15.5	YES	71	26.2
24	0.860	443	380.8	13.2	7.05	15.4	YES	51	26.7
25	0.830	236	196.3	13.1	7.07	15.6	YES	85	23.1
26	0.830	229	190.0	13.0	7.07	15.7	YES	86	22.5
27	0.800	381	305.1	12.6	7.07	16.0	YES	48	20.5
28	0.910	358	326.2	12.5	7.06	16.3	YES	53	21.5
29	0.890	295	262.9	12.3	7.05	16.7	YES	65	21.8
30	0.910	223	202.9	12.2	7.03	16.8	YES	92	23.7
31	0.890	206	183.2	12.1	7.02	16.8	YES	106	25.6

♦ 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

Revised 7/31/2023

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	16,750	275	8	1,600	4,176
18,381	0.0375	15,923	362	8	1,600	4,176
18,381	0.0375	17,990	204	8	1,600	4,176
18,381	0.0375	18,128	245	8	1,600	4,176
18,381	0.0375	17,094	204	8	1,600	4,176
18,381	0.0375	18,404	263	8	1,600	4,176
18,381	0.0375	17,301	247	8	1,600	4,176
18,381	0.0375	18,266	269	8	1,600	4,176
18,381	0.0375	17,646	294	8	1,600	4,176
18,381	0.0375	18,473	272	8	1,600	4,176
18,381	0.0375	17,577	255	8	1,600	4,176
18,381	0.0375	16,336	194	8	1,600	4,176
18,381	0.0375	18,473	293	8	1,600	4,176
18,381	0.0375	17,990	353	8	1,600	4,176
18,381	0.0375	16,956	292	8	1,600	4,176
18,381	0.0375	18,473	257	8	1,600	4,176
18,381	0.0375	18,473	298	8	1,600	4,176
18,381	0.0375	17,232	230	8	1,600	4,176
18,381	0.0375	18,404	259	8	1,600	4,176
18,381	0.0375	17,508	269	8	1,600	4,176
18,381	0.0375	16,681	283	8	1,600	4,176
18,381	0.0375	17,646	339	8	1,600	4,176
18,381	0.0375	18,059	254	8	1,600	4,176
18,381	0.0375	18,404	361	8	1,600	4,176
18,381	0.0375	15,923	187	8	1,600	4,176
18,381	0.0375	15,509	180	8	1,600	4,176
18,381	0.0375	14,130	294	8	1,600	4,176
18,381	0.0375	14,820	280	8	1,600	4,176
18,381	0.0375	15,026	231	8	1,600	4,176
18,381	0.0375	16,336	178	8	1,600	4,176
18,381	0.0375	17,646	166	8	1,600	4,176

	⇦ Log Inactivation Required via Disinfection

Pipe Contact Time	Notes (e.g. "Plant Off")
68	OFF
95	OFF
47	OFF
56	OFF
50	OFF
60	
60	
61	
70	
61	OFF
61	
50	OFF
66	OFF
82	
72	OFF
58	OFF
67	OFF
56	
59	OFF
64	OFF
71	OFF
80	OFF
59	
82	
49	
49	
87	
79	
64	
45	
39	