

OHA - DWS

Membrane Filter Monthly Operating Report

County: **Clatsop**

System Name: **Arch Cape Water District**

Month/Year: **Dec-2025**

PWS ID#: 41 - **00802**

Minimum test pressure applied: **18** psi

Plant ID: WTP - **A**

Minimum test pressure req'd: **18** psi

(e.g., "A")

DIT = Direct Integrity Test on filter(s) [Yes, No, or "off" if all filters are offline] ⇔

PDR = Pressure Decay Rate

PDR_{Max} [^{psi}/min]

LRC [log removal]

DIT
Daily

LRC = Log Removal Credit

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	0.053	4.29	y
2	OFF	OFF	OFF	OFF	OFF	OFF
3	0.030	0.04	0.040	0.051	4.35	y
4	OFF	OFF	OFF	OFF	OFF	OFF
5	OFF	OFF	OFF	OFF	OFF	OFF
6	0.030	0.04	0.040	0.045	4.38	y
7	OFF	OFF	OFF	OFF	OFF	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	0.054	4.34	y
13	0.030	0.04	0.040	0.045	4.30	y
14	OFF	OFF	OFF	OFF	OFF	OFF
15	OFF	OFF	OFF	OFF	OFF	OFF
16	OFF	OFF	OFF	OFF	OFF	OFF
17	0.030	0.04	0.040	0.049	4.35	y
18	OFF	OFF	OFF	OFF	OFF	OFF
19	OFF	OFF	OFF	OFF	OFF	OFF
20	0.030	0.04	0.040	0.051	4.33	y
21	OFF	OFF	OFF	OFF	OFF	OFF
22	0.030	0.04	0.04	0.026	4.64	y
23	0.030	0.04	0.040	0.049	4.42	y
24	OFF	OFF	OFF	OFF	OFF	OFF
25	OFF	OFF	OFF	OFF	OFF	OFF
26	0.030	0.04	0.040	0.053	4.35	y
27	OFF	OFF	OFF	OFF	OFF	OFF
28	0.030	0.04	0.040	0.047	4.37	y
29	0.030	0.04	0.040	0.051	4.34	y
30	OFF	OFF	OFF	OFF	OFF	OFF
31	0.030	0.04	0.040	0.047	4.37	y

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 P. Gardner*

SIGNATURE: *[Signature]*

Notes:

DATE: *1/2/25*

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

PHONE #: *503 436 2790*

* Used for optimization purposes only.

Disinfection Monthly Operating Report

System 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	0.850	594	505.1	10.3	7.08	19.1	YES	38	26.7
2	0.820	542	444.7	10.4	7.15	19.4	YES	41	26.2
3	0.820	556	455.8	10.0	7.09	19.5	YES	40	26.2
4	0.830	512	424.6	10.2	7.14	19.6	YES	44	26.6
5	0.840	662	556.2	10.3	7.16	19.6	YES	34	26.6
6	0.830	509	422.5	10.4	7.17	19.6	YES	43	25.7
7	0.820	346	284.0	10.5	7.17	19.4	YES	65	26.6
8	0.810	606	491.0	10.6	7.18	19.3	YES	36	25.6
9	0.840	406	341.4	10.7	7.20	19.4	YES	52	24.6
10	0.860	479	411.6	10.8	7.18	19.2	YES	43	23.8
11	0.870	964	838.4	11.0	7.17	18.9	YES	21	23.3
12	0.910	354	322.3	10.7	7.12	19.0	YES	55	22.2
13	0.880	408	358.9	10.6	7.11	19.0	YES	53	25.3
14	0.870	365	317.8	11.0	7.17	18.9	YES	62	26.8
15	0.870	439	382.1	11.1	7.12	18.5	YES	50	25.8
16	0.840	498	418.2	11.3	7.17	18.5	YES	43	25.0
17	0.870	729	634.0	10.9	7.10	18.6	YES	29	24.6
18	0.870	513	446.3	11.0	7.14	18.7	YES	42	25.2
19	0.860	433	372.1	10.9	7.13	18.7	YES	49	24.7
20	0.870	347	302.2	10.6	6.66	16.3	YES	65	26.7
21	0.870	517	449.9	10.5	6.71	16.7	YES	43	26.2
22	0.860	325	279.2	10.2	6.67	16.7	YES	67	25.5
23	0.860	378	325.1	10.0	6.68	17.0	YES	59	26.3
24	0.850	476	404.6	10.0	6.71	17.2	YES	47	26.4
25	0.840	461	387.5	9.9	6.73	17.4	YES	47	25.4
26	0.830	434	360.0	9.6	6.67	17.3	YES	50	25.4
27	0.830	516	428.5	9.6	6.71	17.6	YES	44	26.9
28	0.820	460	377.1	9.4	6.72	17.9	YES	47	25.3
29	0.870	263	229.0	9.1	6.68	18.1	YES	85	26.4
30	0.880	327	287.8	9.1	6.73	18.4	YES	68	26.2
31	0.900	279	250.9	8.7	6.69	18.7	YES	81	26.7

† 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	18,404	484	8	1,600	4,176
18,381	0.0375	18,059	440	8	1,600	4,176
18,381	0.0375	18,059	451	8	1,600	4,176
18,381	0.0375	18,335	417	8	1,600	4,176
18,381	0.0375	18,335	539	8	1,600	4,176
18,381	0.0375	17,715	412	8	1,600	4,176
18,381	0.0375	18,335	282	8	1,600	4,176
18,381	0.0375	17,646	490	8	1,600	4,176
18,381	0.0375	16,956	326	8	1,600	4,176
18,381	0.0375	16,405	382	8	1,600	4,176
18,381	0.0375	16,060	765	8	1,600	4,176
18,381	0.0375	15,302	278	8	1,600	4,176
18,381	0.0375	17,439	329	8	1,600	4,176
18,381	0.0375	18,473	298	8	1,600	4,176
18,381	0.0375	17,784	356	8	1,600	4,176
18,381	0.0375	17,232	401	8	1,600	4,176
18,381	0.0375	16,956	585	8	1,600	4,176
18,381	0.0375	17,370	414	8	1,600	4,176
18,381	0.0375	17,025	347	8	1,600	4,176
18,381	0.0375	18,404	283	8	1,600	4,176
18,381	0.0375	18,059	420	8	1,600	4,176
18,381	0.0375	17,577	262	8	1,600	4,176
18,381	0.0375	18,128	307	8	1,600	4,176
18,381	0.0375	18,197	387	8	1,600	4,176
18,381	0.0375	17,508	373	8	1,600	4,176
18,381	0.0375	17,508	350	8	1,600	4,176
18,381	0.0375	18,542	421	8	1,600	4,176
18,381	0.0375	17,439	371	8	1,600	4,176
18,381	0.0375	18,197	214	8	1,600	4,176
18,381	0.0375	18,059	266	8	1,600	4,176
18,381	0.0375	18,404	227	8	1,600	4,176

Log
Inactivation
Required via
Disinfection

Pipe Contact Time	Notes (e.g. "Plant Off")
110	OFF
102	OFF
104	OFF
95	OFF
123	OFF
97	
64	
116	
80	
97	OFF
199	
76	OFF
79	OFF
67	
84	OFF
97	OFF
144	OFF
99	
85	OFF
64	OFF
97	OFF
62	OFF
71	
89	
89	
84	
95	
89	
49	
61	
52	