

OHA - DWS

Membrane Filter Monthly Operating Report

County: **Clatsop**

System Name: **Arch Cape Water District**

Month/Year: **Jan-2026**

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

LRC = Log Removal Credit

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

LRC [log removal]

0.057

4.00

DIT Daily

[Y/N] or "off"

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	0.053	4.33	Yes
3	OFF	OFF	OFF	OFF	OFF	OFF
4	OFF	OFF	OFF	OFF	OFF	OFF
5	0.030	0.04	0.040	0.054	4.28	Yes
6	OFF	OFF	OFF	OFF	OFF	OFF
7	OFF	OFF	OFF	OFF	OFF	OFF
8	OFF	OFF	OFF	OFF	OFF	OFF
9	0.030	0.04	0.040	0.056	4.32	Yes
10	0.030	0.040	0.040	0.055	4.31	Yes
11	0.030	0.04	0.040	0.051	4.37	Yes
12	OFF	OFF	OFF	OFF	OFF	OFF
13	OFF	OFF	OFF	OFF	OFF	OFF
14	0.030	0.04	0.040	0.048	4.37	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	OFF	OFF	OFF	OFF	OFF	OFF
20	OFF	OFF	OFF	OFF	OFF	OFF
21	0.030	0.04	0.040	0.051	4.22	Yes
22	0.030	0.04	0.04	0.031	4.53	Yes
23	0.030	0.04	0.040	0.050	4.35	Yes
24	OFF	OFF	OFF	OFF	OFF	OFF
25	OFF	OFF	OFF	OFF	OFF	OFF
26	0.030	0.04	0.040	0.052	4.44	Yes
27	OFF	OFF	OFF	OFF	OFF	OFF
28	OFF	OFF	OFF	OFF	OFF	OFF
29	0.030	0.04	0.040	0.052	4.36	Yes
30	0.030	0.04	0.040	0.054	4.30	Yes
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: *[Signature]*

Notes:

DATE: *2/5/26*

WT CERT #: *T-09392 D-09383*

PHONE #: *503 436 2790*

* Used for optimization purposes only.

Disinfection Monthly Operating Report

System Name: Arch Cape Water DistrictPWS 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	0.910	381	346.7	8.9	6.76	18.9	YES	58	26.0
2	0.890	300	267.4	8.8	6.71	18.6	YES	74	26.2
3	0.890	305	271.6	9.2	6.77	18.5	YES	74	26.7
4	0.890	486	432.9	9.3	6.78	18.5	YES	45	25.7
5	0.910	441	401.4	8.9	6.73	18.7	YES	49	25.3
6	0.900	449	404.0	9.0	6.75	18.7	YES	50	26.5
7	0.890	524	466.8	8.9	6.78	19.0	YES	42	25.9
8	0.880	493	433.7	8.8	6.79	19.1	YES	44	25.4
9	0.870	392	341.2	8.9	6.82	19.2	YES	53	24.1
10	0.890	261	232.4	8.6	6.77	19.3	YES	82	25.0
11	0.880	356	313.5	8.7	6.75	19.0	YES	63	26.5
12	0.880	591	519.7	9.2	6.81	18.8	YES	38	26.5
13	0.870	509	442.9	9.3	6.80	18.6	YES	43	25.7
14	0.860	514	441.9	9.0	6.89	19.5	YES	43	26.0
15	0.850	440	374.0	9.2	6.95	19.6	YES	51	26.5
16	0.840	387	325.3	9.3	6.98	19.7	YES	56	25.4
17	0.850	244	207.0	9.2	6.94	19.6	YES	93	26.8
18	0.850	268	227.5	9.3	6.97	19.7	YES	81	25.4
19	0.860	292	251.4	9.2	6.94	19.6	YES	77	26.6
20	0.850	388	330.2	9.2	6.97	19.8	YES	56	25.5
21	0.870	554	482.1	9.1	6.90	19.5	YES	41	26.9
22	0.850	217	184.3	8.9	6.97	20.2	YES	100	25.4
23	0.860	476	409.4	8.8	6.90	19.8	YES	47	26.4
24	0.870	658	572.5	8.7	6.91	20.1	YES	34	26.4
25	0.870	276	240.3	8.4	6.94	20.7	YES	77	24.8
26	0.910	456	414.7	8.4	6.87	20.3	YES	50	27.0
27	0.890	665	592.2	8.6	6.94	20.5	YES	33	25.8
28	0.880	428	376.8	8.8	6.95	20.2	YES	50	25.0
29	0.870	433	376.6	8.6	6.89	20.1	YES	52	26.6
30	0.870	380	330.9	8.8	6.90	19.9	YES	59	26.5
31	0.870	602	524.0	9.3	6.94	19.5	YES	36	25.4

* 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.dmnce@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	17,921	309	8	1,600	4,176
18,381	0.0375	18,059	244	8	1,600	4,176
18,381	0.0375	18,404	249	8	1,600	4,176
18,381	0.0375	17,715	394	8	1,600	4,176
18,381	0.0375	17,439	356	8	1,600	4,176
18,381	0.0375	18,266	365	8	1,600	4,176
18,381	0.0375	17,853	425	8	1,600	4,176
18,381	0.0375	17,508	398	8	1,600	4,176
18,381	0.0375	16,612	313	8	1,600	4,176
18,381	0.0375	17,232	210	8	1,600	4,176
18,381	0.0375	18,266	290	8	1,600	4,176
18,381	0.0375	18,266	481	8	1,600	4,176
18,381	0.0375	17,715	412	8	1,600	4,176
18,381	0.0375	17,921	417	8	1,600	4,176
18,381	0.0375	18,266	358	8	1,600	4,176
18,381	0.0375	17,508	313	8	1,600	4,176
18,381	0.0375	18,473	199	8	1,600	4,176
18,381	0.0375	17,508	216	8	1,600	4,176
18,381	0.0375	18,335	238	8	1,600	4,176
18,381	0.0375	17,577	314	8	1,600	4,176
18,381	0.0375	18,542	452	8	1,600	4,176
18,381	0.0375	17,508	175	8	1,600	4,176
18,381	0.0375	18,197	387	8	1,600	4,176
18,381	0.0375	18,197	535	8	1,600	4,176
18,381	0.0375	17,094	222	8	1,600	4,176
18,381	0.0375	18,611	372	8	1,600	4,176
18,381	0.0375	17,784	539	8	1,600	4,176
18,381	0.0375	17,232	345	8	1,600	4,176
18,381	0.0375	18,335	353	8	1,600	4,176
18,381	0.0375	18,266	310	8	1,600	4,176
18,381	0.0375	17,508	486	8	1,600	4,176

Log
Inactivation
Required via
Disinfection

Pipe Contact Time	Notes (e.g. "Plant Off")
72	OFF
56	OFF
56	OFF
93	OFF
85	OFF
84	
99	
95	
79	
51	OFF
66	
110	OFF
97	OFF
97	
82	OFF
75	OFF
45	OFF
52	
54	OFF
75	OFF
102	OFF
42	OFF
89	
123	
54	
84	
127	
84	
80	
71	
116	