

# OHA - DWS

## Membrane Filter Monthly Operating Report

County: **Clatsop**

System Name: **City of Warrenton**

Month/Year: **Apr-2024**

PWS ID#: 41 - **00932**

Minimum test pressure **applied**: **20** psi

Plant ID: WTP - \_\_\_\_\_

Minimum test pressure **req'd**: **19** 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*

<b>PDR<sub>Max</sub> [<sup>psi</sup>/min]</b>	<b>LRC [log removal]</b>	<b>DIT Daily</b>
<b>0.500</b>	<b>4.00</b>	

Day	CFE Daily Turbidity [NTU]	Highest CFE* [NTU]	Highest IFE [NTU]	Highest PDR of day [ <sup>psi</sup> /min]	Lowest LRV <sub>ambient</sub> of day [log removal]	[Y/N] or "off"
1	0.041	0.041	0.070	0.23	4.80	Y
2	0.041	0.041	0.070	0.22	4.70	Y
3	0.048	0.048	0.080	0.21	4.10	Y
4	0.048	0.048	0.088	0.23	4.50	Y
5	0.036	0.036	0.067	0.22	4.80	Y
6	0.036	0.036	0.077	0.22	4.80	Y
7	0.038	0.038	0.057	0.22	4.50	Y
8	0.039	0.039	0.056	0.23	4.70	Y
9	0.036	0.036	0.078	0.23	4.80	Y
10	0.034	0.035	0.070	0.23	4.70	Y
11	0.036	0.036	0.040	0.22	4.80	Y
12	0.035	0.035	0.064	0.21	4.80	Y
13	0.039	0.039	0.065	0.20	4.80	Y
14	0.036	0.039	0.040	0.18	4.90	Y
15	0.039	0.039	0.041	0.20	4.80	Y
16	0.037	0.039	0.083	0.20	4.80	Y
17	0.046	0.039	0.050	0.22	4.80	Y
18	0.062	0.039	0.041	0.21	4.60	Y
19	0.037	0.039	0.050	0.21	4.80	Y
20	0.041	0.039	0.040	0.21	4.80	Y
21	0.040	0.039	0.041	0.21	4.50	Y
22	0.040	0.039	0.043	0.22	4.80	Y
23	0.046	0.039	0.047	0.22	4.80	Y
24	0.041	0.039	0.047	0.21	4.60	Y
25	0.043	0.039	0.045	0.20	4.60	Y
26	0.045	0.039	0.049	0.19	4.80	Y
27	0.046	0.039	0.046	0.19	4.80	Y
28	0.050	0.039	0.047	0.19	4.80	Y
29	0.048	0.039	0.050	0.19	4.90	Y
30	0.051	0.039	0.055	0.19	4.70	Y
31						

**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 <sub>Max</sub> , LRV ≥ LRC)	DIT Daily?
<b>Yes</b>	<b>Yes</b>	<b>Yes</b>	<b>Yes</b>	<b>Yes</b>
CT's met daily? (p. 2)	All Cl <sub>2</sub> residual at EP ≥ 0.2 mg/L?	PDR ≤ PDR <sub>Max</sub> ?	LRV <sub>ambient</sub> ≥ LRC?	
<b>Yes</b>	<b>Yes</b>	<b>Yes</b>	<b>Yes</b>	

<b>PRINTED NAME:</b> Dave G Davis <b>SIGNATURE:</b> <b>Notes:</b>	<b>DATE:</b> 5/3/2024 <b>WT CERT #:</b> T-08549 <b>PHONE #:</b> 503-738-7809
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♣ Used for optimization purposes only.

**Disinfection Monthly Operating Report**

System Name: **City of Warrenton**

PWS ID#: 41 - **00932**

Plant ID : WTP - \_\_\_\_\_

**0.5**

↩ Log Inactivation Required via Disinfection

Day	Minimum Cl <sub>2</sub> Residual at 1 <sup>st</sup> 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]	Notes (e.g. "Plant Off")
1	1.120	299.721	335.7	8.9	7.19	22.5	YES	881	
2	1.154	295.725	341.4	9.2	7.16	21.8	YES	893	
3	1.182	291.244	344.2	9.3	7.23	22.3	YES	906	
4	1.127	295.12	332.6	8.2	7.18	23.4	YES	895	
5	1.106	296.943	328.5	7.8	7.27	24.8	YES	889	
6	1.106	295.725	327.2	8.1	7.30	24.5	YES	893	
7	1.099	301.603	331.6	8.0	7.27	24.5	YES	875	
8	1.106	305.436	337.9	8.3	7.29	24.2	YES	864	
9	1.100	301.603	331.7	8.4	7.33	24.4	YES	875	
10	1.072	300.659	322.3	8.8	7.16	22.3	YES	878	
11	1.079	300.346	324.0	8.7	7.27	23.4	YES	879	
12	1.086	296.943	322.4	8.5	7.25	23.5	YES	889	
13	1.045	291.539	304.5	9.6	7.28	22.0	YES	906	
14	1.024	261.17	267.4	9.6	7.23	21.5	YES	1,011	
15	1.024	297.556	304.7	8.8	7.29	23.1	YES	887	
16	1.017	219.598	223.4	8.7	7.35	23.8	YES	1,202	
17	1.031	286.898	295.7	8.6	7.36	24.0	YES	920	
18	1.066	287.47	306.3	8.9	7.29	23.2	YES	918	
19	1.079	280.752	302.9	9.2	7.34	23.2	YES	940	
20	1.058	278.851	295.1	9.9	7.35	22.2	YES	947	
21	1.107	273.82	303.0	9.0	7.33	23.5	YES	964	
22	1.148	287.756	330.3	9.2	7.42	24.0	YES	917	
23	1.134	288.91	327.7	9.2	7.37	23.6	YES	914	
24	1.107	279.662	309.5	9.8	7.16	20.9	YES	944	
25	1.093	286.044	312.6	9.4	7.35	22.9	YES	923	
26	1.045	291.539	304.6	9.0	7.14	21.7	YES	906	
27	0.948	293.916	278.8	9.1	6.94	19.8	YES	898	
28	1.003	293.617	294.6	8.8	7.16	22.1	YES	899	
29	1.045	302.87	316.4	8.9	7.10	21.6	YES	872	
30	1.065	295.725	315.0	8.3	7.24	23.6	YES	893	
31									

♦ 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 10<sup>th</sup> of following month by**

mail: Drinking Water Services  
 PO Box 14350  
 Portland, OR 97293-0350  
 email: [dpw.dmce@odhsoha.oregon.gov](mailto:dpw.dmce@odhsoha.oregon.gov)  
 fax: 971-673-0458