

OHA - DWS

Membrane Filter Monthly Operating Report

County: **Clatsop**

System Name: **City of Warrenton**

Month/Year: **May-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

Day	CFE Daily Turbidity [NTU]	Highest CFE* [NTU]	Highest IFE [NTU]	PDR _{Max} [psi/min]	LRC [log removal]	DIT Daily
				0.500	4.00	
				Highest PDR of day [psi/min]	Lowest LRV _{ambient} of day [log removal]	[Y/N] or "off"
1	0.04	0.04	0.049	0.19	4.80	y
2	0.04	0.04	0.050	0.19	4.80	y
3	0.05	0.05	0.058	0.19	4.90	y
4	0.04	0.04	0.050	0.24	4.30	y
5	0.03	0.03	0.050	0.24	4.60	y
6	0.03	0.03	0.060	0.20	4.70	y
7	0.03	0.04	0.079	0.25	4.70	y
8	0.04	0.04	0.065	0.25	4.70	y
9	0.04	0.04	0.056	0.19	4.70	y
10	0.03	0.03	0.064	0.19	4.70	y
11	0.03	0.03	0.060	0.18	4.40	y
12	0.04	0.04	0.064	0.18	4.70	y
13	0.03	0.03	0.055	0.18	4.60	y
14	0.03	0.03	0.055	0.23	4.60	y
15	0.03	0.03	0.060	0.26	4.20	y
16	0.03	0.03	0.074	0.20	4.70	y
17	0.03	0.03	0.075	0.23	4.70	y
18	0.03	0.03	0.088	0.24	4.60	y
19	0.03	0.03	0.066	0.26	4.60	y
20	0.03	0.03	0.061	0.19	4.70	y
21	0.03	0.03	0.063	0.19	4.90	y
22	0.04	0.04	0.063	0.26	4.30	y
23	0.04	0.04	0.065	0.19	4.80	y
24	0.04	0.04	0.067	0.19	4.60	y
25	0.04	0.04	0.065	0.19	4.30	y
26	0.04	0.04	0.068	0.19	4.40	y
27	0.04	0.04	0.076	0.24	4.70	y
28	0.04	0.04	0.068	0.19	4.60	y
29	0.04	0.04	0.034	0.18	4.80	y
30	0.03	0.03	0.039	0.28	4.70	y
31	0.03	0.03	0.036	0.23	4.50	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: Dave G Davis	DATE: June 3, 2024
SIGNATURE: 	WT CERT #: T-08549
Notes:	PHONE #: 503-738-7809

♣ 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 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]	Notes (e.g. "Plant Off")
1	1.100	269.974	297.0	8.4	7.21	23.3	YES	978	
2	1.100	297.864	327.7	8.6	7.27	23.5	YES	886	
3	1.100	230.666	253.7	9.2	7.36	23.3	YES	1,145	
4	1.000	290.365	290.4	8.8	7.21	22.4	YES	909	
5	1.100	292.13	321.3	9.1	7.08	21.3	YES	904	
6	1.100	295.422	325.0	8.8	7.14	22.2	YES	894	
7	1.100	292.723	322.0	8.8	7.13	22.2	YES	902	
8	1.100	285.76	314.3	8.9	7.19	22.4	YES	924	
9	1.100	248.562	273.4	9.5	7.22	21.8	YES	1,062	
10	1.000	263.558	263.6	10.6	7.16	19.6	YES	1,002	
11	1.000	244.972	245.0	11.7	7.10	17.9	YES	1,078	
12	1.000	251.379	251.4	11.5	7.17	18.6	YES	1,050	
13	1.000	256.295	256.3	11.2	7.17	18.9	YES	1,030	
14	1.000	245.598	245.6	10.7	7.21	19.8	YES	1,075	
15	1.000	245.807	245.8	11.2	7.17	18.9	YES	1,074	
16	1.000	240.678	240.7	11.0	7.25	19.7	YES	1,097	
17	1.000	245.389	245.4	10.9	7.25	19.8	YES	1,076	
18	1.000	239.081	239.1	10.3	7.31	21.0	YES	1,104	
19	1.000	265.744	265.7	9.7	7.22	21.2	YES	993	
20	1.000	273.3	273.3	10.2	7.22	20.5	YES	966	
21	1.000	264.04	264.0	10.0	7.11	20.1	YES	1,000	
22	1.000	267.469	267.5	9.8	7.37	22.3	YES	987	
23	1.000	207.732	207.7	9.7	7.32	22.1	YES	1,271	
24	1.100	265.255	291.8	10.1	7.40	22.4	YES	995	
25	1.100	264.768	291.2	9.7	7.26	21.8	YES	997	
26	1.100	260.934	287.0	9.5	7.29	22.3	YES	1,012	
27	1.100	259.058	285.0	9.9	7.39	22.4	YES	1,019	
28	1.000	250.942	250.9	10.4	7.15	19.7	YES	1,052	
29	1.100	264.525	291.0	9.9	7.22	21.2	YES	998	
30	1.100	265.011	291.5	10.0	7.23	21.1	YES	996	
31	1.100	251.599	276.8	10.1	7.30	21.5	YES	1,049	

* 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