

OHA - DWS

Membrane Filter Monthly Operating Report

County: **Clatsop**

System Name: **City of Warrenton**

Month/Year: **Jun-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	0.03	0.03	0.039	0.24	4.60	y
2	0.03	0.03	0.031	0.19	4.60	y
3	0.04	0.04	0.035	0.20	4.20	y
4	0.04	0.04	0.078	0.19	4.70	y
5	0.04	0.04	0.059	0.30	4.60	y
6	0.03	0.03	0.044	0.20	4.20	y
7	0.03	0.03	0.039	0.19	4.70	y
8	0.03	0.03	0.039	0.19	4.60	y
9	0.04	0.04	0.032	0.19	4.80	y
10	0.03	0.03	0.037	0.19	4.80	y
11	0.04	0.04	0.045	0.20	4.70	y
12	0.03	0.03	0.043	0.19	4.60	y
13	0.04	0.04	0.042	0.21	4.80	y
14	0.03	0.03	0.049	0.20	4.80	y
15	0.03	0.03	0.036	0.23	4.70	y
16	0.04	0.04	0.048	0.19	4.70	y
17	0.03	0.03	0.038	0.23	4.60	y
18	0.03	0.03	0.036	0.19	4.70	y
19	0.03	0.03	0.042	0.27	4.40	y
20	0.04	0.04	0.034	0.21	4.60	y
21	0.03	0.04	0.116	0.22	4.30	y
22	0.03	0.03	0.041	0.26	4.30	y
23	0.03	0.03	0.032	0.22	4.60	y
24	0.03	0.03	0.033	0.20	4.70	y
25	0.03	0.03	0.034	0.26	4.50	y
26	0.03	0.03	0.032	0.27	4.40	y
27	0.05	0.05	0.033	0.29	4.60	y
28	0.03	0.05	0.035	0.21	4.60	y
29	0.03	0.03	0.031	0.22	4.70	y
30	0.03	0.03	0.036	0.23	4.30	y
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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 SIGNATURE:  Notes:	DATE: 7/5/2024 WT CERT #: T-08549 PHONE #: 503-738-7809
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♣ Used for optimization purposes only.

OHA-DWS

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	1.000	242.704	242.7	7.3	7.26	25.3	YES	1,088	
2	1.100	240.477	264.5	7.3	7.26	25.7	YES	1,098	
3	1.100	256.98	282.7	7.2	7.23	25.4	YES	1,027	
4	1.100	251.818	277.0	7.2	7.15	24.9	YES	1,048	
5	1.100	263.799	290.2	7.1	7.13	24.7	YES	1,001	
6	1.100	258.362	284.2	7.1	7.10	24.5	YES	1,022	
7	1.000	252.48	252.5	7.1	7.10	24.2	YES	1,046	
8	1.000	233.09	233.1	7.1	7.06	23.9	YES	1,133	
9	1.100	227.75	250.5	7.2	7.17	24.9	YES	1,159	
10	1.100	243.524	267.9	7.3	7.27	25.7	YES	1,084	
11	1.100	238.488	262.3	7.2	7.17	25.0	YES	1,107	
12	1.100	229.747	252.7	7.2	7.23	25.4	YES	1,149	
13	1.100	224.908	247.4	7.2	7.21	25.2	YES	1,174	
14	1.100	224.733	247.2	7.3	7.27	25.7	YES	1,175	
15	1.100	218.931	240.8	7.2	7.24	25.5	YES	1,206	
16	1.000	244.142	244.1	7.1	7.15	24.5	YES	1,081	
17	1.000	245.18	245.2	7.2	7.24	25.2	YES	1,077	
18	1.000	238.883	238.9	7.3	7.26	25.3	YES	1,105	
19	1.000	229.747	229.7	6.9	6.94	23.1	YES	1,149	
20	1.000	206.099	206.1	7.1	7.11	24.3	YES	1,281	
21	1.000	207.732	207.7	7.2	7.20	24.9	YES	1,271	
22	1.100	200.509	220.6	7.1	7.11	24.5	YES	1,317	
23	1.100	202.48	222.7	7.2	7.18	25.0	YES	1,304	
24	1.100	213.263	234.6	7.3	7.27	25.7	YES	1,238	
25	1.000	203.337	203.3	7.2	7.20	24.9	YES	1,298	
26	1.000	201.772	201.8	7.1	7.08	24.1	YES	1,308	
27	1.000	145.549	145.5	7.3	7.27	25.4	YES	1,814	
28	1.000	206.099	206.1	7.3	7.27	25.4	YES	1,281	
29	1.100	198.713	218.6	7.3	7.33	26.2	YES	1,329	
30	1.000	198.303	198.3	7.3	7.29	25.6	YES	1,331	
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* 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