

OHA - DWS

Membrane Filter Monthly Operating Report

County: **Clatsop**

System Name: **Youngs River Water**

Month/Year: **Mar-2024**

PWS ID#: 41 - **00062**

Minimum test pressure **applied**: 25 psi

Plant ID: WTP - **A**
(e.g., "A")

Minimum test pressure **req'd**: 23 psi

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]
0.060	2.50

DIT Daily

Day	CFE Daily Turbidity [NTU]	Highest CFE* [NTU]	Highest IFE [NTU]	Highest PDR of day [^{psi} / _{min}]	Lowest LRV _{ambient} of day [log removal]	[Y/N] or "off"
1	0.015		0.015	0.03		Y
2	0.015		0.015	0.03		Y
3	0.015		0.050	0.00		Y
4	0.015		0.015	0.03		Y
5	0.021		0.021	0.03		Y
6	0.015		0.015	0.04		Y
7	0.015		0.015	0.03		Y
8	0.015		0.015	0.03		Y
9	0.015		0.021	0.03		Y
10	0.015		0.018	0.00		Y
11	0.015		0.019	0.03		Y
12	0.015		0.034	0.00		Y
13	0.015		0.027	0.03		Y
14	0.015		0.059	0.03		Y
15	0.015		0.017	0.03		Y
16	0.015		0.016	0.00		Y
17	0.015		0.030	0.00		Y
18	0.015		0.016	0.03		Y
19	0.015		0.016	0.03		Y
20	0.015		0.038	0.03		Y
21	0.015		0.036	0.03		Y
22	0.015		0.046	0.00		Y
23	0.015		0.022	0.00		Y
24	0.015		0.022	0.00		Y
25	0.015		0.018	0.03		Y
26	0.015		0.016	0.00		Y
27	0.015		0.029	0.00		Y
28	0.015		0.017	0.00		Y
29	0.015		0.044	0.03		Y
30	0.015		0.017	0.03		Y
31	0.015		0.034	0.03		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		

PRINTED NAME: Carl Gifford

SIGNATURE: 

Notes:

DATE: April 2nd, 2024

WT CERT #: T-08408

PHONE #: 503-325-4330

OHA-DWS

Disinfection Monthly Operating Report

System Name: Youngs River Water

PWS ID#: 41 - 00062

Plant ID : WTP - A

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	0.84	55.70	46.79	9.4	6.88	18.9	YES	229	
2	0.94	45.23	42.5	8.2	7.09	22.3	YES	282	
3	0.97	46.89	45.5	8.0	7.01	22.0	YES	272	
4	0.95	50.82	48.3	7.5	7.19	24.2	YES	251	
5	0.93	50.82	47.3	7.5	6.95	22.2	YES	251	
6	0.92	53.59	49.3	7.7	6.90	21.5	YES	238	
7	0.97	52.93	51.3	7.8	6.99	22.1	YES	241	
8	0.92	46.72	43.0	8.0	6.89	21.0	YES	273	
9	0.90	45.55	41.0	8.9	6.95	20.1	YES	280	
10	0.95	45.72	43.4	8.4	7.04	21.6	YES	279	
11	0.94	50.42	47.4	8.4	7.06	21.7	YES	253	
12	0.90	44.29	39.9	8.5	7.31	23.5	YES	288	
13	0.94	52.71	49.5	8.6	7.19	22.5	YES	242	
14	0.95	61.32	58.3	8.6	7.23	22.8	YES	208	
15	0.95	63.46	60.3	8.8	7.08	21.3	YES	201	
16	0.92	58.51	53.8	9.8	6.88	18.6	YES	218	
17	0.95	57.20	54.3	10.2	7.27	20.8	YES	223	
18	0.96	65.08	62.5	9.6	7.33	22.1	YES	196	
19	0.86	43.83	37.7	9.7	7.05	19.7	YES	291	
20	0.87	44.13	38.4	9.5	6.89	18.9	YES	289	
21	0.99	45.07	44.6	9.4	6.96	19.8	YES	283	
22	1.00	50.02	50.0	9.6	7.16	20.9	YES	255	
23	1.00	57.71	57.7	9.7	6.87	18.8	YES	221	
24	1.00	55.46	55.5	9.6	7.05	20.2	YES	230	
25	0.95	54.51	51.8	9.6	6.89	19.0	YES	234	
26	0.98	59.05	57.9	9.8	7.14	20.5	YES	216	
27	0.96	59.88	57.5	9.8	7.15	20.5	YES	213	
28	0.97	55.22	53.6	9.5	6.88	19.1	YES	231	
29	0.91	53.82	49.0	9.3	7.08	20.6	YES	237	
30	0.93	42.95	39.9	9.5	7.04	20.1	YES	297	
31	0.94	41.55	39.1	9.8	7.02	19.6	YES	307	

♦ 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@odhsosha.oregon.gov

fax: 971-673-0458

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