

# OHA - DWS

## Membrane Filter Monthly Operating Report

County: **Clatsop**

System Name: **Youngs River Water**

Month/Year: **Apr-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

Day	CFE Daily Turbidity [NTU]	Highest CFE* [NTU]	Highest IFE [NTU]	PDR <sub>Max</sub> [ <sup>psi</sup> / <sub>min</sub> ]	LRC [log removal]	DIT Daily
				0.060	2.50	
				Highest PDR of day [ <sup>psi</sup> / <sub>min</sub> ]	Lowest LRV <sub>ambient</sub> of day [log removal]	[Y/N] or "off"
1	0.015		0.035	0.00		Y
2	0.015		0.032	0.03		Y
3	0.015		0.022	0.00		Y
4	0.015		0.016	0.03		Y
5	0.015		0.016	0.00		Y
6	0.015		0.016	0.03		Y
7	0.015		0.019	0.03		Y
8	0.015		0.016	0.00		Y
9	0.015		0.016	0.00		Y
10	0.015		0.017	0.03		Y
11	0.015		0.017	0.03		Y
12	0.015		0.017	0.04		Y
13	0.015		0.020	0.03		Y
14	0.015		0.021	0.04		Y
15	0.014		0.016	0.00		Y
16	0.014		0.035	0.00		Y
17	0.014		0.027	0.03		Y
18	0.015		0.023	0.03		y
19	0.015		0.022	0.00		y
20	0.015		0.021	0.00		y
21	0.015		0.019	0.03		y
22	0.015		0.015	0.03		y
23	0.015		0.035	0.00		y
24	0.015		0.053	0.00		y
25	0.015		0.032	0.03		y
26	0.014		0.019	0.00		y
27	0.014		0.016	0.03		y
28	0.014		0.018	0.03		y
29	0.014		0.020	0.03		y
30	0.014		0.015	0.03		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>		

PRINTED NAME: Carl Gifford

SIGNATURE: 

Notes:

DATE: May 7th, 2024

WT CERT #: T-08408

PHONE #: 503.325.4330

\* Used for optimization purposes only.

# 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 <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	0.89	43.09	38.35	9.9	7.24	20.9	YES	296	
2	0.91	44.60	40.6	10.0	7.14	20.1	YES	286	
3	0.99	61.03	60.4	10.0	6.90	18.6	YES	209	
4	1.01	59.33	59.9	9.4	7.16	21.2	YES	215	
5	1.02	57.45	58.6	9.4	6.95	19.8	YES	222	
6	0.93	56.44	52.5	9.6	7.08	20.2	YES	226	
7	0.94	54.51	51.2	9.9	6.86	18.4	YES	234	
8	0.90	60.45	54.4	9.8	7.21	20.8	YES	211	
9	0.92	56.94	52.4	9.8	7.21	20.8	YES	224	
10	0.93	57.98	53.9	10.1	6.88	18.3	YES	220	
11	0.95	43.38	41.2	9.8	7.33	21.8	YES	294	
12	0.90	41.82	37.6	9.5	6.83	18.6	YES	305	
13	0.90	44.13	39.7	10.2	6.95	18.5	YES	289	
14	0.91	42.38	38.6	10.4	6.83	17.6	YES	301	
15	0.88	43.83	38.6	10.6	6.84	17.3	YES	291	
16	0.95	70.08	66.6	10.0	6.92	18.7	YES	182	
17	0.93	68.58	63.8	9.9	6.90	18.6	YES	186	
18	0.94	65.08	61.2	9.9	7.19	20.6	YES	196	
19	0.88	63.78	56.1	10.4	6.93	18.1	YES	200	
20	0.90	59.88	53.9	10.9	6.98	17.9	YES	213	
21	0.92	46.21	42.5	10.6	7.19	19.6	YES	276	
22	0.91	45.55	41.5	10.2	6.88	18.1	YES	280	
23	0.87	42.52	37.0	10.5	6.75	16.9	YES	300	
24	0.97	42.52	41.2	10.7	6.68	16.5	YES	300	
25	0.90	55.46	49.9	10.4	6.79	17.3	YES	230	
26	0.88	57.98	51.0	10.4	6.92	18.0	YES	220	
27	0.96	51.02	49.0	10.2	7.18	20.2	YES	250	
28	0.92	55.94	51.5	10.1	6.92	18.5	YES	228	
29	0.90	60.17	54.1	9.9	6.96	18.9	YES	212	
30	0.90	57.98	52.2	9.9	6.87	18.4	YES	220	
31		#DIV/0!							

♦ 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: [dwp.dmce@odhsosha.oregon.gov](mailto:dwp.dmce@odhsosha.oregon.gov)

fax: 971-673-0458

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