

OHA - DWS

Membrane Filter Monthly Operating Report

County: **Clatsop**

System Name: **Youngs River Water**

Month/Year: **May-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 _{Max} [^{psi} / _{min}]	LRC [log removal]	DIT Daily
				0.060	2.50	
				Highest PDR of day [^{psi} / _{min}]	Lowest LRV _{ambient} of day [log removal]	[Y/N] or "off"
1	0.014		0.016	0.06		y
2	0.014		0.016	0.03		y
3	0.014		0.027	0.06		y
4	0.014		0.027	0.03		y
5	0.014		0.026	0.00		y
6	0.014		0.015	0.03		y
7	0.014		0.021	0.00		y
8	0.014		0.016	0.03		y
9	0.014		0.017	0.00		y
10	0.014		0.029	0.00		y
11	0.014		0.016	0.00		y
12	0.014		0.015	0.00		y
13	0.014		0.015	0.03		y
14	0.014		0.019	0.00		y
15	0.014		0.044	0.00		y
16	0.014		0.016	0.00		y
17	0.014		0.020	0.03		y
18	0.014		0.019	0.00		y
19	0.014		0.020	0.03		y
20	0.014		0.020	0.00		y
21	0.014		0.017	0.03		y
22	0.014		0.016	0.00		y
23	0.014		0.017	0.03		y
24	0.014		0.016	0.03		y
25	0.014		0.017	0.03		y
26	0.014		0.019	0.03		y
27	0.014		0.018	0.03		y
28	0.014		0.015	0.03		y
29	0.014		0.015	0.03		y
30	0.014		0.016	0.03		y
31	0.014		0.016	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: June 6th, 2024

WT CERT #: T-08408

PHONE #: 503.325.4330

* Used for optimization purposes only.

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	0.94	48.31	45.42	9.7	6.90	18.9	YES	264	
2	0.90	47.24	42.5	9.8	6.88	18.5	YES	270	
3	0.87	47.24	41.1	10.1	6.90	18.3	YES	270	
4	0.88	45.07	39.7	10.5	6.85	17.5	YES	283	
5	0.92	95.19	87.6	10.3	7.49	22.3	YES	134	
6	0.91	85.03	77.4	10.2	7.11	19.6	YES	150	
7	0.82	92.43	75.8	10.2	7.05	19.0	YES	138	
8	0.90	75.03	67.5	10.4	6.98	18.5	YES	170	
9	0.80	44.60	35.7	11.3	7.13	18.1	YES	286	
10	0.90	47.24	42.5	11.4	6.99	17.4	YES	270	
11	0.90	63.78	57.4	12.1	7.12	17.4	YES	200	
12	0.95	65.41	62.1	12.1	7.06	17.1	YES	195	
13	0.96	63.78	61.2	12.0	7.02	17.0	YES	200	
14	0.93	46.72	43.5	11.7	7.09	17.7	YES	273	
15	0.94	62.52	58.8	11.7	6.96	16.9	YES	204	
16	0.95	46.21	43.9	11.8	7.13	17.9	YES	276	
17	0.97	92.43	89.7	12.0	7.08	17.4	YES	138	
18	0.91	85.03	77.4	11.8	6.96	16.8	YES	150	
19	0.92	72.89	67.1	11.8	7.00	17.0	YES	175	
20	0.96	72.89	70.0	11.9	6.92	16.5	YES	175	
21	0.91	70.86	64.5	11.8	6.98	16.9	YES	180	
22	0.96	47.24	45.4	11.6	6.96	17.1	YES	270	
23	0.86	48.13	41.4	11.4	7.00	17.4	YES	265	
24	0.92	53.82	49.5	11.5	6.98	17.2	YES	237	
25	0.91	82.29	74.9	11.3	6.87	16.8	YES	155	
26	0.90	78.25	70.4	11.0	6.84	16.9	YES	163	
27	0.86	68.95	59.3	11.4	6.99	17.3	YES	185	
28	0.91	70.86	64.5	11.6	6.92	16.8	YES	180	
29	0.94	67.13	63.1	11.7	6.85	16.3	YES	190	
30	0.91	70.86	64.5	11.8	6.88	16.3	YES	180	
31	0.92	43.24	39.8	11.9	6.81	15.9	YES	295	

♦ 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