

OHA - DWS

Membrane Filter Monthly Operating Report

County: **Clatsop**

System Name: **Youngs River Water**

Month/Year: **Jun-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	0.014		0.017	0.03		y
2	0.014		0.020	0.00		y
3	0.014		0.022	0.03		y
4	0.014		0.024	0.03		y
5	0.014		0.045	0.03		y
6	0.015		0.016	0.00		y
7	0.014		0.024	0.03		y
8	0.014		0.022	0.00		y
9	0.014		0.019	0.00		y
10	0.014		0.018	0.03		y
11	0.014		0.016	0.00		y
12	0.014		0.016	0.00		y
13	0.014		0.016	0.00		y
14	0.014		0.017	0.00		y
15	0.014		0.016	0.03		y
16	0.014		0.016	0.03		y
17	0.014		0.017	0.00		y
18	0.014		0.016	0.03		y
19	0.014		0.021	0.00		y
20	0.014		0.017	0.00		y
21	0.014		0.016	0.00		y
22	0.014		0.016	0.03		y
23	0.014		0.016	0.00		y
24	0.014		0.016	0.03		y
25	0.014		0.033	0.03		y
26	0.014		0.022	0.03		y
27	0.014		0.017	0.03		y
28	0.015		0.016	0.00		y
29	0.015		0.017	0.00		y
30	0.015		0.017	0.00		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 _{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: July 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	0.85	43.98	37.39	12.1	6.77	15.3	YES	290	
2	0.93	44.75	41.6	12.0	6.81	15.8	YES	285	
3	0.99	87.36	86.5	12.4	6.79	15.4	YES	146	
4	0.88	80.22	70.6	11.9	6.94	16.5	YES	159	
5	0.90	67.13	60.4	11.8	6.78	15.8	YES	190	
6	0.91	54.74	49.8	11.9	6.72	15.4	YES	233	
7	0.92	60.74	55.9	12.2	6.82	15.6	YES	210	
8	0.90	42.38	38.1	12.4	6.86	15.6	YES	301	
9	0.87	46.89	40.8	12.3	7.01	16.5	YES	272	
10	0.94	45.55	42.8	12.2	6.88	16.0	YES	280	
11	0.94	74.59	70.1	12.3	6.87	15.8	YES	171	
12	0.98	65.41	64.1	12.2	6.88	16.0	YES	195	
13	0.96	62.22	59.7	12.3	6.92	16.1	YES	205	
14	0.96	63.46	60.9	12.1	6.99	16.7	YES	201	
15	0.92	69.32	63.8	12.0	7.17	17.8	YES	184	
16	0.92	64.10	59.0	12.2	6.96	16.4	YES	199	
17	0.93	67.13	62.4	12.1	6.98	16.6	YES	190	
18	0.92	43.68	40.2	11.8	6.93	16.6	YES	292	
19	0.93	43.98	40.9	12.0	7.00	16.8	YES	290	
20	0.98	47.24	46.3	12.2	6.95	16.4	YES	270	
21	0.98	74.16	72.7	12.4	6.88	15.8	YES	172	
22	0.94	67.13	63.1	12.6	6.96	15.6	YES	190	
23	0.98	65.41	64.1	12.7	6.91	15.3	YES	195	
24	0.95	63.14	60.0	12.9	6.88	14.9	YES	202	
25	0.95	61.62	58.5	12.9	7.04	15.8	YES	207	
26	1.00	47.24	47.2	13.1	7.02	15.6	YES	270	
27	1.03	45.55	46.9	12.7	7.16	16.9	YES	280	
28	0.99	46.89	46.4	12.7	7.08	16.3	YES	272	
29	0.97	48.13	46.7	13.3	6.96	15.0	YES	265	
30	1.01	50.42	50.9	13.3	7.20	16.4	YES	253	
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 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

p. 2 of 2