

# OHA - DWS

## Membrane Filter Monthly Operating Report

County: **Clatsop**

System Name: **Youngs River Water**

Month/Year: **Oct-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	0.014		0.016	0.020		y
2	0.014		0.023	0.006		Y
3	0.014		0.016	0.000		Y
4	0.014		0.016	0.006		y
5	0.015		0.021	0.000		y
6	0.014		0.019	0.000		y
7	0.014		0.022	0.006		y
8	0.014		0.020	0.000		Y
9	0.015		0.020	0.000		y
10	0.014		0.019	0.006		y
11	0.014		0.015	0.000		y
12	0.014		0.015	0.006		Y
13	0.014		0.016	0.000		Y
14	0.014		0.015	0.000		Y
15	0.014		0.015	0.000		Y
16	0.014		0.016	0.000		Y
17	0.014		0.016	0.000		Y
18	0.014		0.015	0.006		Y
19	0.015		0.022	0.000		Y
20	0.014		0.016	0.006		Y
21	0.015		0.015	0.006		Y
22	0.015		0.016	0.006		Y
23	0.015		0.015	0.006		Y
24	0.014		0.017	0.000		Y
25	0.014		0.016	0.000		y
26	0.014		0.017	0.000		y
27	0.015		0.018	0.006		y
28	0.014		0.017	0.006		y
29	0.015		0.017	0.000		y
30	0.014		0.018	0.006		y
31	0.015		0.016	0.006		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 <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: Nov 6th, 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 ) <sup>♦</sup> [mg/L = ppm]	Contact Time (T) [minutes]	Actual CT C x T (Formula)	Temp [° C]	pH	Required CT (Formula)	CT Met? <sup>♦</sup> [Yes / No] (Formula)	Peak Hourly Demand Flow [GPM]	Notes (e.g. "Plant Off")
1	0.96	75.47	72.45	12.8	7.42	18.3	YES	169	
2	0.99	70.47	69.8	12.7	7.30	17.7	YES	181	
3	1.02	47.95	48.9	12.4	7.29	18.3	YES	266	
4	1.00	76.38	76.4	11.9	7.38	19.5	YES	167	
5	0.81	74.59	60.4	11.9	7.06	17.1	YES	171	
6	0.83	79.22	65.8	12.3	7.09	16.8	YES	161	
7	0.84	67.49	56.7	12.3	7.12	17.0	YES	189	
8	0.87	75.03	65.3	12.8	7.03	15.7	YES	170	
9	0.93	67.49	62.8	12.5	7.29	17.8	YES	189	
10	0.88	70.86	62.4	12.7	7.24	17.1	YES	180	
11	0.84	72.06	60.5	12.2	7.39	18.8	YES	177	
12	0.96	45.72	43.9	12.3	6.82	15.6	YES	279	
13	1.04	52.71	54.8	12.3	7.14	17.5	YES	242	
14	1.00	54.28	54.3	12.3	7.08	17.1	YES	235	
15	0.89	100.43	89.4	12.3	7.46	19.2	YES	127	
16	0.90	69.70	62.7	12.3	7.32	18.4	YES	183	
17	0.85	65.75	55.9	12.2	7.17	17.5	YES	194	
18	0.79	84.47	66.7	11.5	7.01	17.2	YES	151	
19	0.85	72.06	61.3	11.7	7.09	17.5	YES	177	
20	0.91	75.03	68.3	12.1	7.13	17.4	YES	170	
21	0.87	74.59	64.9	12.1	7.00	16.6	YES	171	
22	0.79	76.84	60.7	12.0	6.96	16.4	YES	166	
23	0.68	85.03	57.8	11.5	7.48	19.9	YES	150	
24	0.70	93.79	65.7	11.4	7.11	17.7	YES	136	
25	0.85	44.60	37.9	11.1	6.95	17.4	YES	286	
26	1.06	44.75	47.4	11.1	7.14	19.0	YES	285	
27	0.79	52.06	41.1	11.3	7.15	18.3	YES	245	
28	0.59	87.36	51.5	11.1	7.45	20.1	YES	146	
29	0.84	44.44	37.3	10.9	7.13	18.7	YES	287	
30	1.09	78.25	85.3	10.5	7.29	20.9	YES	163	
31	0.96	76.38	73.3	10.2	7.46	22.3	YES	167	

♦ 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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