

# OHA - DWS

## Membrane Filter Monthly Operating Report

County: **Clatsop**

System Name: **Youngs River Water**

Month/Year: **Nov-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		0.016	0.006		Y
2	0.015		0.016	0.006		Y
3	0.015		0.016	0.000		Y
4	0.015		0.016	0.006		Y
5	0.015		0.017	0.006		y
6	0.015		0.016	0.006		y
7	0.015		0.021	0.000		y
8	0.014		0.016	0.000		y
9	0.014		0.016	0.006		y
10	0.014		0.018	0.000		y
11	0.014		0.019	0.000		y
12	0.015		0.022	0.000		y
13	0.014		0.020	0.006		Y
14	0.014		0.048	0.006		y
15	0.014		0.016	0.000		y
16	0.016		0.016	0.000		Y
17	0.015		0.018	0.006		Y
18	0.015		0.017	0.000		Y
19	0.015		0.018	0.006		Y
20	0.015		0.021	0.000		Y
21	0.014		0.022	0.000		Y
22	0.014		0.019	0.000		Y
23	0.014		0.018	0.000		Y
24	0.014		0.019	0.000		Y
25	0.014		0.018	0.000		Y
26	0.014		0.018	0.000		Y
27	0.014		0.021	0.000		Y
28	0.014		0.017	0.000		Y
29	0.014		0.017	0.006		Y
30	0.014		0.019	0.006		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 **DATE:** Dec 6th, 2024  
**SIGNATURE:** **WT CERT #:** T-08408  
**Notes:** **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	0.91	94.48	85.98	10.4	7.23	20.2	YES	135	
2	0.53	81.24	43.1	10.6	6.84	16.7	YES	157	
3	0.60	76.84	46.1	10.8	6.86	16.7	YES	166	
4	0.67	90.46	60.6	10.9	6.82	16.5	YES	141	
5	0.90	81.76	73.6	10.9	6.94	17.6	YES	156	
6	0.91	84.47	76.9	10.8	6.86	17.3	YES	151	
7	0.96	47.95	46.0	10.7	7.20	19.7	YES	266	
8	1.02	45.55	46.5	10.6	6.93	18.2	YES	280	
9	1.20	43.38	52.1	10.4	6.97	19.0	YES	294	
10	1.13	77.77	87.9	10.3	7.00	19.2	YES	164	
11	1.10	89.82	98.8	10.5	6.90	18.2	YES	142	
12	0.92	80.22	73.8	10.7	6.87	17.5	YES	159	
13	0.86	80.73	69.4	10.8	6.97	17.9	YES	158	
14	0.76	85.03	64.6	10.7	6.77	16.6	YES	150	
15	0.70	76.84	53.8	10.5	6.78	16.8	YES	166	
16	0.87	44.75	38.9	10.3	6.78	17.3	YES	285	
17	0.93	53.82	50.1	10.3	6.89	18.1	YES	237	
18	0.81	58.51	47.4	10.1	6.90	18.1	YES	218	
19	0.79	98.88	78.1	9.8	6.66	17.0	YES	129	
20	0.86	94.48	81.3	9.8	6.96	19.0	YES	135	
21	0.96	75.03	72.0	9.9	6.91	18.7	YES	170	
22	0.96	82.29	79.0	10.1	6.61	16.7	YES	155	
23	1.03	74.16	76.4	10.2	7.02	19.2	YES	172	
24	1.07	75.47	80.8	10.2	6.78	17.8	YES	169	
25	1.01	67.13	67.8	10.0	7.01	19.4	YES	190	
26	1.02	77.77	79.3	9.9	6.82	18.3	YES	164	
27	1.12	51.64	57.8	9.8	7.10	20.5	YES	247	
28	1.15	49.63	57.1	9.6	7.05	20.5	YES	257	
29	1.17	50.02	58.5	9.1	7.01	20.9	YES	255	
30	1.19	85.60	101.9	8.8	7.19	22.8	YES	149	
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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