

# OHA - DWS

## Membrane Filter Monthly Operating Report

County: **Clatsop**

System Name: **Youngs River Water**

Month/Year: **Dec-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	0.000		Y
2	0.014		0.017	0.000		Y
3	0.014		0.017	0.000		Y
4	0.015		0.017	0.000		Y
5	0.015		0.021	0.000		Y
6	0.015		0.017	0.006		Y
7	0.014		0.017	0.000		Y
8	0.014		0.018	0.000		Y
9	0.014		0.019	0.000		Y
10	0.014		0.019	0.000		Y
11	0.014		0.019	0.000		Y
12	0.014		0.018	0.000		y
13	0.014		0.016	0.006		y
14	0.015		0.016	0.000		y
15	0.015		0.019	0.000		y
16	0.014		0.016	0.006		y
17	0.014		0.016	0.000		y
18	0.014		0.017	0.000		y
19	0.014		0.019	0.000		y
20	0.014		0.021	0.000		y
21	0.014		0.021	0.006		y
22	0.014		0.019	0.000		y
23	0.014		0.019	0.006		y
24	0.014		0.019	0.000		y
25	0.014		0.016	0.000		y
26	0.014		0.017	0.006		y
27	0.014		0.016	0.000		y
28	0.014		0.018	0.006		y
29	0.014		0.021	0.006		y
30	0.014		0.020	0.000		y
31	0.014		0.019	0.000		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: Jan 3rd, 2025

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	1.19	82.82	98.56	8.7	7.23	23.3	YES	154	
2	1.11	77.77	86.3	8.6	7.17	22.7	YES	164	
3	1.07	71.66	76.7	8.4	6.78	20.0	YES	178	
4	1.02	77.30	78.8	8.2	7.07	22.3	YES	165	
5	1.01	52.93	53.5	8.4	7.11	22.3	YES	241	
6	0.94	50.62	47.6	8.6	7.13	22.0	YES	252	
7	1.12	49.82	55.8	9.2	7.30	22.9	YES	256	
8	0.90	57.98	52.2	9.1	7.39	23.2	YES	220	
9	0.87	87.97	76.5	8.9	6.95	20.1	YES	145	
10	0.74	80.22	59.4	9.1	7.26	21.8	YES	159	
11	0.99	74.16	73.4	9.0	7.44	24.0	YES	172	
12	1.06	61.92	65.6	8.9	7.14	21.9	YES	206	
13	0.98	77.77	76.2	8.9	6.98	20.5	YES	164	
14	0.96	66.78	64.1	9.3	7.29	22.3	YES	191	
15	1.01	47.07	47.5	9.0	7.01	20.7	YES	271	
16	1.05	47.95	50.3	8.7	7.01	21.2	YES	266	
17	0.98	50.02	49.0	9.1	6.70	18.4	YES	255	
18	0.91	52.71	48.0	9.9	7.01	19.3	YES	242	
19	0.83	80.73	67.0	9.8	7.05	19.5	YES	158	
20	0.86	81.76	70.3	10.1	7.24	20.5	YES	156	
21	0.99	75.03	74.3	10.4	7.08	19.3	YES	170	
22	1.06	75.03	79.5	10.1	7.16	20.4	YES	170	
23	1.09	76.38	83.3	10.1	7.14	20.3	YES	167	
24	1.06	50.62	53.7	10.1	6.99	19.2	YES	252	
25	1.05	51.02	53.6	10.0	6.99	19.3	YES	250	
26	1.03	49.06	50.5	9.8	7.05	20.0	YES	260	
27	1.03	50.62	52.1	9.9	7.35	22.0	YES	252	
28	1.10	51.85	57.0	9.9	7.00	19.6	YES	246	
29	0.99	80.73	79.9	9.8	6.96	19.3	YES	158	
30	0.96	76.38	73.3	9.5	6.97	19.6	YES	167	
31	0.87	75.03	65.3	9.4	6.97	19.6	YES	170	

♦ 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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