

OHA - DWS

Membrane Filter Monthly Operating Report

County: **Clatsop**

System Name: **Youngs River Water**

Month/Year: **Jan-2025**

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]	Highest PDR of day [^{psi} / _{min}]	Lowest LRV _{ambient} of day [log removal]	DIT Daily [Y/N] or "off"
				PDR _{Max} [^{psi} / _{min}] 0.060	LRC [log removal] 2.50	
1	0.014		0.075	0.006		Y
2	0.014		0.030	0.006		Y
3	0.014		0.018	0.000		Y
4	0.014		0.019	0.000		Y
5	0.014		0.019	0.000		Y
6	0.014		0.016	0.000		Y
7	0.014		0.015	0.000		Y
8	0.014		0.015	0.000		Y
9	0.014		0.017	0.000		Y
10	0.014		0.018	0.000		Y
11	0.014		0.017	0.000		Y
12	0.014		0.018	0.000		Y
13	0.014		0.015	0.000		Y
14	0.014		0.016	0.006		Y
15	0.014		0.016	0.000		Y
16	0.014		0.016	0.006		Y
17	0.014		0.015	0.000		y
18	0.014		0.017	0.006		y
19	0.014		0.017	0.000		y
20	0.014		0.017	0.000		y
21	0.014		0.016	0.000		y
22	0.014		0.015	0.000		y
23	0.014		0.017	0.000		y
24	0.014		0.016	0.006		y
25	0.014		0.018	0.000		y
26	0.014		0.017	0.000		Y
27	0.014		0.017	0.006		Y
28	0.014		0.017	0.000		Y
29	0.014		0.016	0.006		Y
30	0.014		0.019	0.006		Y
31	0.014		0.018	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 _{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: Feb 7th, 2025

WT CERT #: T-08408

PHONE #: 503.325.4330

Disinfection Monthly Operating ReportSystem 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	1.00	74.59	74.59	9.3	6.99	20.1	YES	171	
2	0.90	76.84	69.2	9.4	7.00	19.8	YES	166	
3	1.08	78.25	84.5	9.5	7.06	20.5	YES	163	
4	1.12	76.84	86.1	9.4	7.11	21.1	YES	166	
5	1.07	46.55	49.8	9.6	7.07	20.5	YES	274	
6	0.98	52.93	51.9	9.5	7.08	20.5	YES	241	
7	1.03	53.59	55.2	9.6	7.13	20.8	YES	238	
8	0.97	95.19	92.3	9.4	7.10	20.7	YES	134	
9	1.01	86.18	87.0	9.5	7.15	21.0	YES	148	
10	1.06	82.29	87.2	9.7	6.97	19.6	YES	155	
11	1.06	72.06	76.4	9.4	6.93	19.7	YES	177	
12	1.10	78.25	86.1	9.4	6.92	19.7	YES	163	
13	1.02	49.82	50.8	8.9	7.04	21.1	YES	256	
14	1.00	65.08	65.1	8.7	7.11	21.8	YES	196	
15	1.10	59.33	65.3	8.5	7.00	21.5	YES	215	
16	1.05	48.13	50.5	8.6	7.12	22.2	YES	265	
17	0.94	57.45	54.0	8.5	6.93	20.6	YES	222	
18	1.01	79.72	80.5	8.3	6.89	20.8	YES	160	
19	0.98	78.73	77.2	8.2	6.93	21.1	YES	162	
20	0.96	59.88	57.5	8.0	7.06	22.4	YES	213	
21	0.82	60.74	49.8	7.7	7.02	22.1	YES	210	
22	0.94	57.71	54.3	7.4	7.15	24.0	YES	221	
23	0.93	45.23	42.1	7.5	7.09	23.3	YES	282	
24	0.88	45.07	39.7	7.9	6.89	21.0	YES	283	
25	0.97	43.83	42.5	7.7	6.94	21.9	YES	291	
26	1.01	43.98	44.4	7.3	6.79	21.4	YES	290	
27	0.91	45.72	41.6	7.2	6.94	22.5	YES	279	
28	0.87	44.75	38.9	7.3	6.69	20.4	YES	285	
29	0.90	45.39	40.9	7.4	6.73	20.6	YES	281	
30	0.83	78.73	65.3	7.6	7.02	22.3	YES	162	
31	0.96	85.03	81.6	7.6	7.06	23.0	YES	150	

* 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@odhsoha.oregon.gov

fax: 971-673-0458

p. 2 of 2