OHA - DWS

Membrane Filter Monthly Operating Report

County: **Clatsop**

System Name: **Youngs River Water**

Month/Year: **Feb - 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

PDR_{Max} [$^{psi}/_{min}$]	LRC [log removal]	DIT Daily
0.060	2.50	

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		0.019	0.006		Y
2	0.014		0.019	0.006		Y
3	0.014		0.016	0.000		Y
4	0.014		0.016	0.006		Y
5	0.014		0.016	0.000		Y
6	0.014		0.016	0.006		Y
7	0.014		0.021	0.006		y
8	0.014		0.017	0.000		Y
9	0.014		0.017	0.006		Y
10	0.014		0.026	0.000		Y
11	0.014		0.015	0.006		y
12	0.014		0.018	0.006		y
13	0.014		0.016	0.000		y
14	0.014		0.017	0.000		y
15	0.014		0.016	0.000		y
16	0.014		0.016	0.000		y
17	0.014		0.016	0.006		y
18	0.014		0.017	0.000		y
19	0.014		0.030	0.000		y
20	0.014		0.017	0.000		y
21	0.014		0.024	0.006		y
22	0.014		0.059	0.000		y
23	0.014		0.022	0.000		y
24	0.014		0.017	0.000		y
25	0.014		0.017	0.000		y
26	0.014		0.024	0.000		y
27	0.014		0.018	0.000		y
28	0.014		0.017	0.000		y
29						
30						
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: Carl Gifford

Notes:

DATE: March 4th, 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_2 Residual at 1st 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	0.97	68.95	66.88	7.7	6.71	20.2	YES	185	
2	0.91	74.59	67.9	7.4	6.67	20.2	YES	171	
3	0.87	79.72	69.4	7.0	6.55	19.8	YES	160	
4	0.83	44.75	37.1	6.8	6.93	22.8	YES	285	
5	0.88	46.05	40.5	6.8	6.82	22.0	YES	277	
6	1.01	45.07	45.5	7.0	6.80	21.9	YES	283	
7	0.96	47.95	46.0	6.7	7.02	24.0	YES	266	
8	0.94	45.39	42.7	6.9	6.68	21.0	YES	281	
9	0.91	45.88	41.8	6.9	6.69	21.0	YES	278	
10	0.91	52.93	48.2	6.8	6.96	23.2	YES	241	
11	0.88	83.37	73.4	6.6	6.83	22.4	YES	153	
12	0.85	78.25	66.5	6.4	6.57	20.7	YES	163	
13	0.88	77.77	68.4	6.1	6.92	23.9	YES	164	
14	0.98	72.06	70.6	6.1	6.64	21.9	YES	177	
15	0.96	42.80	41.1	6.3	6.94	24.0	YES	298	
16	1.02	45.88	46.8	6.9	6.84	22.4	YES	278	
17	0.96	43.53	41.8	7.3	6.76	21.1	YES	293	
18	0.86	45.39	39.0	7.6	6.53	18.9	YES	281	
19	0.88	48.13	42.4	8.1	6.81	20.2	YES	265	
20	0.85	46.05	39.1	8.4	6.89	20.3	YES	277	
21	0.88	45.88	40.4	8.5	6.77	19.4	YES	278	
22	1.02	43.53	44.4	8.8	6.56	18.0	YES	293	
23	0.97	47.07	45.7	9.2	6.61	17.7	YES	271	
24	0.85	58.24	49.5	9.7	6.93	18.9	YES	219	
25	0.85	77.30	65.7	9.4	6.64	17.4	YES	165	
26	0.78	76.84	59.9	8.8	6.71	18.4	YES	166	
27	0.85	83.91	71.3	9.0	6.75	18.6	YES	152	
28	0.86	86.18	74.1	9.3	6.83	18.7	YES	148	
29		#DIV/0!							
30		#DIV/0!							
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@odhsoha.oregon.gov

fax: 971-673-0458

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