OHA - DWS

Membrane Filter Monthly Operating Report

County: **Clatsop**

System Name: **Youngs River Water**

Month/Year: **Mar-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		0.017	0.000		y
2	0.014		0.020	0.000		y
3	0.014		0.018	0.000		y
4	0.014		0.016	0.000		y
5	0.014		0.016	0.006		Y
6	0.014		0.016	0.000		Y
7	0.014		0.015	0.000		Y
8	0.014		0.017	0.000		Y
9	0.014		0.017	0.000		Y
10	0.014		0.016	0.000		Y
11	0.014		0.017	0.000		Y
12	0.014		0.017	0.006		y
13	0.014		0.016	0.000		y
14	0.014		0.016	0.006		y
15	0.014		0.017	0.006		y
16	0.014		0.016	0.006		Y
17	0.014		0.018	0.006		y
18	0.014		0.296	0.006		y
19	0.014		0.021	0.006		y
20	0.014		0.018	0.006		y
21	0.015		0.017	0.006		y
22	0.014		0.019	0.006		y
23	0.014		0.016	0.006		y
24	0.015		0.016	0.006		y
25	0.014		0.016	0.006		y
26	0.014		0.016	0.000		y
27	0.015		0.017	0.006		y
28	0.014		0.015	0.006		y
29	0.014		0.016	0.000		y
30	0.014		0.016	0.000		y
31	0.014		0.015	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] ($PDR \le PDR_{Max}$, $LRV \ge LRC$)	DIT Daily?
Yes	Yes	No	Yes	Yes

CT's met daily? (p. 2)	All Cl_2 residual at EP ≥ 0.2 $^{mg}/_{L}$?	$PDR \le PDR_{Max}$?	$LRV_{ambient} \ge LRC$?
Yes	Yes	Yes	

PRINTED NAME: Carl Gifford

SIGNATURE: Carl Gifford

DATE: April 2nd, 2025

WT CERT #: T-08408

PHONE #: 503.325.4330

Notes:
Completed DIT Trigger Form. Spoke with Peter Farrelley

Revised 7/31/2023

♣ *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	0.92	83.37	76.70	9.3	6.60	17.4	YES	153	
2	0.98	70.86	69.4	9.3	6.56	17.3	YES	180	
3	1.01	50.82	51.3	9.2	6.87	19.5	YES	251	
4	0.97	48.13	46.7	9.0	6.82	19.3	YES	265	
5	1.01	51.22	51.7	9.0	7.03	20.8	YES	249	
6	1.01	51.43	51.9	8.8	7.33	23.5	YES	248	
7	1.07	86.18	92.2	8.8	6.89	20.2	YES	148	
8	1.03	81.76	84.2	9.6	6.75	18.2	YES	156	
9	1.03	80.22	82.6	9.3	7.18	21.6	YES	159	
10	1.00	79.72	79.7	8.9	6.82	19.5	YES	160	
11	0.89	88.58	78.8	8.8	6.88	19.8	YES	144	
12	0.97	73.30	71.1	9.8	7.38	22.2	YES	174	
13	1.05	80.22	84.2	8.7	6.71	19.1	YES	159	
14	1.03	78.25	80.6	8.5	6.76	19.6	YES	163	
15	1.05	75.92	79.7	8.6	6.61	18.6	YES	168	
16	1.02	50.02	51.0	8.6	6.57	18.3	YES	255	
17	0.95	52.06	49.5	8.4	6.90	20.6	YES	245	
18	1.00	93.10	93.1	8.6	7.21	22.8	YES	137	
19	0.96	77.77	74.7	8.6	6.70	19.0	YES	164	
20	1.08	70.86	76.5	8.6	6.76	19.6	YES	180	
21	0.99	70.08	69.4	8.6	6.97	20.9	YES	182	
22	0.94	66.78	62.8	8.8	7.45	24.3	YES	191	
23	1.01	67.85	68.5	9.2	7.04	20.6	YES	188	
24	1.08	62.52	67.5	9.3	6.85	19.3	YES	204	
25	1.04	48.50	50.4	9.3	6.77	18.7	YES	263	
26	1.01	35.83	36.2	10.4	6.81	17.6	YES	356	
27	1.11	53.59	59.5	10.8	7.12	19.3	YES	238	
28	0.92	73.73	67.8	10.0	7.15	20.1	YES	173	
29	0.87	71.26	62.0	9.8	6.81	18.0	YES	179	
30	0.81	65.75	53.3	9.8	7.15	20.2	YES	194	
31	0.86	76.38	65.7	9.6	6.88	18.7	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 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

Revised 7/31/2023

Turbidity-Triggered Direct Integrity Test (DIT) Reporting Form **OHA - Drinking Water Services**

To be used when IFE exceeds 0.15 NTU, and submitted to OHA-DWS ♠

Water System Name: **Youngs River Water**

Water System ID: **00062** 00062 Water System Profile on DataOnline

Treatment Plant ID: WTP- **A** PDR_{Max} = maximum allowed pressure decay rate for a passing DIT

County: **Clatsop** LRC = Log Removal Credit granted for filtration, $LRV_{ambient}$ must be ≥ LRC.

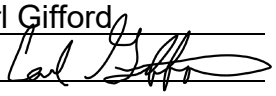
Month - Year: **Mar-25**

Date/Time and membrane unit(s) affected		Pressure Decay Rate (PDR) [$^{psi}/_{min}$]: **0.06**			LRC: **2.50**	
Date/Time	Membrane unit/skid/cell ID#	Turbidity level > 0.15 NTU resulting in DIT [NTU]	Corrective action	DIT Re-test Results [$^{psi}/_{min}$]	Return-to-service turbidity [NTU]	Return-to-service $LRV_{ambient}$ [log]
3/18/25 12:00 AM	1	0.296	Due to bubbles in instrument. Full CIP/Installed bubble trap.	0.006	0.015	
			** <15 min. event **			

Monthly Summary

All return to service turbidity readings ≤ 0.15 NTU? (Enter Yes or No) ⇨	**Yes**
All membrane units removed from service until a DIT passes? (Enter Yes or No) ⇨	**Yes**
All return to service $LRV_{ambient}$ ≥ LRC? (Enter Yes or No) ⇨	

Name: Carl Gifford

Signature: 

Date: April 2nd, 2025

Phone #: 503.325.4330 **WT Cert #:** T-08408

♠ OAR 333-061-0036(5)(d)(C)(iv) states that if indirect integrity monitoring includes turbidity and the filtrate turbidity readings are above 0.15 NTU for a period greater than 15 minutes (i.e., two consecutive 15-minute readings above 0.15 NTU), direct integrity testing in accordance with subparagraphs (5)(d)(B)(i) through (v) of this rule must immediately be performed on the associated membrane unit.

Return by 10th of following month by email, fax, or mail to:
dwp.dmce@odhsoha.oregon.gov; 971-673-0458; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350