OHA - DWS

Membrane Filter Monthly Operating Report

County: **Clatsop**

System Name: **Youngs River Water**

Month/Year: **Apr-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		0.015	0.006		y
2	0.014		0.015	0.000		Y
3	0.014		0.015	0.006		Y
4	0.014		0.016	0.006		y
5	0.014		0.016	0.000		Y
6	0.014		0.016	0.000		Y
7	0.014		0.016	0.006		Y
8	0.016		0.018	0.000		Y
9	0.014		0.017	0.000		y
10	0.014		0.018	0.000		y
11	0.014		0.016	0.006		y
12	0.014		0.016	0.006		y
13	0.014		0.015	0.000		y
14	0.014		0.016	0.000		y
15	0.014		0.017	0.006		y
16	0.014		0.016	0.000		y
17	0.014		0.016	0.000		y
18	0.014		0.017	0.006		y
19	0.014		0.016	0.006		y
20	0.014		0.015	0.000		y
21	0.014		0.016	0.000		y
22	0.014		0.016	0.000		y
23	0.014		0.017	0.000		y
24	0.014		0.027	0.000		y
25	0.014		0.052	0.000		y
26	0.014		0.016	0.000		y
27	0.014		0.015	0.006		Y
28	0.014		0.014	0.006		Y
29	0.014		0.014	0.000		y
30	0.014		0.014	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_{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: May 12th, 2025

WT CERT #: T-08408

PHONE #: 503.325.4330

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	0.93	71.26	66.27	9.4	6.84	18.8	YES	179	
2	0.92	72.47	66.7	9.5	6.72	17.9	YES	176	
3	0.87	77.30	67.3	9.4	6.86	18.8	YES	165	
4	0.87	77.30	67.3	9.5	6.81	18.4	YES	165	
5	0.92	44.13	40.6	9.9	6.93	18.8	YES	289	
6	0.97	47.95	46.5	10.3	6.74	17.3	YES	266	
7	0.96	68.95	66.2	10.1	7.08	19.6	YES	185	
8	0.92	94.48	86.9	9.8	6.86	18.5	YES	135	
9	0.85	88.58	75.3	10.0	7.11	19.7	YES	144	
10	0.80	44.75	35.8	10.2	6.76	17.2	YES	285	
11	0.85	55.70	47.3	10.0	6.74	17.4	YES	229	
12	0.92	68.58	63.1	10.2	6.90	18.2	YES	186	
13	0.84	70.08	58.9	9.9	6.81	17.9	YES	182	
14	0.93	102.86	95.7	10.3	7.04	19.0	YES	124	
15	0.96	86.18	82.7	10.3	7.01	18.9	YES	148	
16	0.93	82.29	76.5	10.5	6.89	17.8	YES	155	
17	0.91	86.18	78.4	10.4	6.76	17.1	YES	148	
18	0.96	44.75	43.0	10.6	7.02	18.6	YES	285	
19	0.93	45.72	42.5	10.7	7.04	18.6	YES	279	
20	0.99	51.85	51.3	10.7	7.16	19.5	YES	246	
21	0.95	50.42	47.9	10.4	7.03	18.9	YES	253	
22	0.96	46.72	44.9	10.1	6.80	17.8	YES	273	
23	0.95	102.86	97.7	10.5	7.22	20.0	YES	124	
24	0.95	82.29	78.2	10.5	6.75	17.1	YES	155	
25	0.92	91.11	83.8	10.9	6.86	17.2	YES	140	
26	0.93	72.06	67.0	10.9	7.01	18.1	YES	177	
27	0.99	71.26	70.5	10.7	7.02	18.5	YES	179	
28	0.89	49.25	43.8	10.7	6.88	17.5	YES	259	
29	0.86	51.85	44.6	10.6	6.70	16.5	YES	246	
30	0.92	49.82	45.8	11.2	7.90	24.2	YES	256	
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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