OHA - DWS

Membrane Filter Monthly Operating Report

County: **Clatsop**

System Name: **Youngs River Water**

Month/Year: **May-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		0.014	0.00		Y
2	0.014		0.015	0.00		Y
3	0.014		0.015	0.00		Y
4	0.014		0.015	0.006		Y
5	0.014		0.015	0.00		Y
6	0.014		0.014	0.00		Y
7	0.014		0.015	0.00		Y
8	0.014		0.015	0.00		y
9	0.014		0.015	0.00		y
10	0.014		0.016	0.00		y
11	0.014		0.015	0.00		y
12	0.014		0.015	0.006		y
13	0.014		0.016	0.00		y
14	0.014		0.017	0.00		y
15	0.014		0.015	0.00		y
16	0.014		0.016	0.00		y
17	0.014		0.017	0.00		Y
18	0.014		0.016	0.006		Y
19	0.014		0.015	0.00		Y
20	0.014		0.015	0.006		Y
21	0.014		0.017	0.006		Y
22	0.014		0.016	0.00		Y
23	0.014		0.063	0.00		y
24	0.014		0.020	0.006		y
25	0.014		0.022	0.00		y
26	0.014		0.023	0.00		y
27	0.014		0.021	0.00		y
28	0.014		0.022	0.00		y
29	0.014		0.019	0.00		y
30	0.014		0.017	0.00		y
31	0.014		0.019	0.00		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**	**Yes**	**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:

Notes:

DATE: July 22nd, 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	0.98	91.76	89.93	12.3	7.35	18.7	YES	139	
2	0.96	80.73	77.5	11.9	7.69	21.6	YES	158	
3	0.96	75.47	72.5	11.9	7.58	20.8	YES	169	
4	0.96	70.47	67.7	11.9	7.20	18.2	YES	181	
5	0.95	43.53	41.4	11.5	7.48	20.6	YES	293	
6	0.97	47.59	46.2	11.2	7.57	21.7	YES	268	
7	0.99	42.95	42.5	11.6	7.42	20.1	YES	297	
8	1.01	56.19	56.8	11.0	7.51	21.6	YES	227	
9	0.98	55.70	54.6	11.1	7.33	20.1	YES	229	
10	0.96	50.22	48.2	10.9	7.59	22.3	YES	254	
11	1.01	56.69	57.3	11.1	7.49	21.3	YES	225	
12	0.93	55.22	51.4	10.9	7.64	22.6	YES	231	
13	0.95	75.92	72.1	11.3	6.98	17.5	YES	168	
14	0.96	85.60	82.2	11.8	6.96	16.9	YES	149	
15	0.98	86.18	84.5	11.6	7.05	17.7	YES	148	
16	0.99	71.66	70.9	11.2	7.35	20.1	YES	178	
17	1.01	66.43	67.1	11.0	7.30	20.1	YES	192	
18	1.03	62.83	64.7	11.0	7.28	20.0	YES	203	
19	0.96	62.22	59.7	11.0	7.79	23.7	YES	205	
20	0.97	60.74	58.9	11.8	7.32	19.1	YES	210	
21	0.97	59.05	57.3	11.1	7.24	19.5	YES	216	
22	0.94	55.70	52.4	11.3	7.26	19.3	YES	229	
23	0.99	52.71	52.2	11.3	7.22	19.1	YES	242	
24	1.02	48.87	49.8	11.3	7.17	18.9	YES	261	
25	1.03	50.42	51.9	11.4	7.23	19.1	YES	253	
26	0.99	46.55	46.1	12.0	7.16	17.9	YES	274	
27	1.02	56.69	57.8	11.7	7.04	17.6	YES	225	
28	1.04	48.87	50.8	12.1	7.26	18.5	YES	261	
29	1.00	81.76	81.8	12.3	7.34	18.7	YES	156	
30	0.98	69.32	67.9	12.3	7.31	18.5	YES	184	
31	0.93	43.24	40.2	13.4	7.11	15.7	YES	295	

♦ 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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