OHA - DWS

Membrane Filter Monthly Operating Report

County: **Clatsop**

System Name: **Youngs River Water**

Month/Year: **Jun-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	0.00		y
2	0.014		0.016	0.00		y
3	0.014		0.018	0.006		y
4	0.014		0.016	0.006		Y
5	0.014		0.018	0.000		Y
6	0.014		0.016	0.000		Y
7	0.014		0.018	0.000		Y
8	0.014		0.015	0.000		Y
9	0.014		0.016	0.000		Y
10	0.014		0.017	0.000		Y
11	0.014		0.015	0.000		Y
12	0.014		0.015	0.000		y
13	0.014		0.015	0.000		y
14	0.014		0.016	0.000		Y
15	0.014		0.017	0.000		Y
16	0.014		0.017	0.006		Y
17	0.014		0.050	0.006		Y
18	0.014		0.028	0.000		y
19	0.014		0.033	0.000		y
20	0.014		0.029	0.000		y
21	0.014		0.022	0.000		Y
22	0.014		0.029	0.000		Y
23	0.014		0.018	0.006		Y
24	0.014		0.040	0.006		y
25	0.014		0.069	0.006		Y
26	0.014		0.066	0.000		Y
27	0.014		0.031	0.000		Y
28	0.014		0.041	0.000		Y
29	0.014		0.059	0.006		Y
30	0.014		0.032	0.000		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] ($PDR \le PDR_{Max}$, $LRV \ge LRC$)	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: Carl Gifford

Notes:

DATE: July 3rd, 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	1.04	55.22	57.43	12.6	7.10	16.7	YES	231	
2	0.90	56.19	50.6	12.0	7.24	18.2	YES	227	
3	1.00	45.23	45.2	12.7	7.10	16.5	YES	282	
4	1.03	53.37	55.0	12.4	7.11	17.2	YES	239	
5	1.00	61.03	61.0	12.5	7.07	16.5	YES	209	
6	0.99	62.22	61.6	12.2	7.37	19.0	YES	205	
7	0.97	40.11	38.9	12.4	7.29	18.2	YES	318	
8	0.98	41.82	41.0	13.3	7.06	15.6	YES	305	
9	0.94	50.62	47.6	13.2	7.34	17.3	YES	252	
10	1.02	56.19	57.3	13.6	7.13	15.7	YES	227	
11	1.08	51.85	56.0	13.0	7.15	16.6	YES	246	
12	0.98	39.25	38.5	12.9	7.07	16.0	YES	325	
13	0.95	58.51	55.6	12.6	7.21	17.2	YES	218	
14	0.97	70.86	68.7	13.4	7.04	15.3	YES	180	
15	1.01	65.75	66.4	13.5	6.93	14.7	YES	194	
16	0.93	47.42	44.1	12.6	7.12	16.6	YES	269	
17	0.94	44.91	42.2	12.5	7.22	17.3	YES	284	
18	1.02	58.78	60.0	13.8	7.22	16.0	YES	217	
19	1.02	49.25	50.2	12.6	7.14	16.9	YES	259	
20	0.99	52.71	52.2	12.5	7.18	17.2	YES	242	
21	0.97	51.85	50.3	12.8	7.14	16.6	YES	246	
22	0.77	50.42	38.8	12.3	7.16	17.1	YES	253	
23	0.79	58.78	46.4	12.3	7.15	17.1	YES	217	
24	0.97	80.73	78.3	12.6	7.16	16.9	YES	158	
25	0.81	67.49	54.7	13.6	7.08	15.1	YES	189	
26	0.95	84.47	80.2	13.4	7.15	15.9	YES	151	
27	0.97	87.97	85.3	13.1	7.18	16.5	YES	145	
28	0.93	70.47	65.5	13.4	7.01	15.1	YES	181	
29	0.94	38.65	36.3	13.5	6.97	14.8	YES	330	
30	0.98	51.85	50.8	13.3	7.10	15.8	YES	246	
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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