OHA - DWS

Membrane Filter Monthly Operating Report

County: **Clatsop**

System Name: **Youngs River Water**

Month/Year: **Jul-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		0.029	0.00		Y
2	0.014		0.042	0.00		Y
3	0.014		0.016	0.00		Y
4	0.014		0.068	0.00		Y
5	0.014		0.083	0.006		Y
6	0.014		0.067	0.006		Y
7	0.014		0.036	0.006		Y
8	0.014		0.028	0.012		Y
9	0.014		0.033	0.00		Y
10	0.014		0.029	0.006		y
11	0.014		0.036	0.006		y
12	0.014		0.029	0.00		y
13	0.014		0.023	0.00		y
14	0.014		0.021	0.006		y
15	0.014		0.155	0.00		Y
16	0.014		0.064	0.00		Y
17	0.019		0.025	0.00		Y
18	0.019		0.026	0.006		Y
19	0.018		0.040	0.006		Y
20	0.018		0.030	0.006		Y
21	0.018		0.021	0.00		Y
22	0.018		0.021	0.006		Y
23	0.018		0.022	0.00		Y
24	0.017		0.030	0.006		Y
25	0.017		0.019	0.00		Y
26	0.017		0.022	0.00		Y
27	0.017		0.023	0.00		Y
28	0.017		0.021	0.01		Y
29	0.017		0.022	0.00		Y
30	0.017		0.022	0.00		Y
31	0.017		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 ≤ PDR_{Max}, LRV ≥ 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 ≤ PDR_{Max}?	$LRV_{ambient}$ ≥ LRC?
Yes	**Yes**	**Yes**	

PRINTED NAME: Carl Gifford

SIGNATURE: Carl Gifford

DATE: August 5th, 2025

WT CERT #: T-08408

PHONE #: 503.325.4330

Notes: Turbidity Triggered DIT Form Attached Below

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	0.80	52.06	41.65	13.7	7.09	15.0	YES	245	
2	0.91	52.93	48.2	13.2	7.20	16.4	YES	241	
3	0.92	43.53	40.0	13.0	7.23	16.8	YES	293	
4	0.96	44.44	42.7	12.8	7.04	15.9	YES	287	
5	0.87	49.25	42.8	12.8	7.07	16.0	YES	259	
6	0.89	42.80	38.1	13.0	7.01	15.4	YES	298	
7	0.96	76.38	73.3	12.8	7.19	16.8	YES	167	
8	0.96	64.42	61.8	13.2	7.25	16.8	YES	198	
9	0.88	65.75	57.9	13.4	7.21	16.2	YES	194	
10	0.88	68.58	60.3	13.6	7.09	15.3	YES	186	
11	0.79	62.22	49.2	13.5	7.21	15.9	YES	205	
12	0.88	40.88	36.0	14.4	7.04	14.2	YES	312	
13	0.97	43.98	42.7	14.3	7.10	14.8	YES	290	
14	0.70	39.98	28.0	14.1	6.99	13.9	YES	319	
15	1.00	44.60	44.6	14.4	7.28	15.7	YES	286	
16	0.89	46.38	41.3	14.1	7.13	15.0	YES	275	
17	1.02	46.05	47.0	14.3	7.21	15.5	YES	277	
18	0.91	51.22	46.6	14.6	7.17	14.7	YES	249	
19	0.97	49.63	48.1	14.7	7.45	16.4	YES	257	
20	0.98	48.50	47.5	14.8	7.12	14.4	YES	263	
21	1.05	67.13	70.5	13.6	6.97	14.9	YES	190	
22	0.96	73.30	70.4	13.5	7.23	16.3	YES	174	
23	0.95	70.47	66.9	13.7	7.09	15.3	YES	181	
24	1.00	67.49	67.5	13.9	7.29	16.3	YES	189	
25	0.97	68.95	66.9	13.8	7.28	16.3	YES	185	
26	0.92	54.28	49.9	13.8	7.03	14.8	YES	235	
27	0.95	53.82	51.1	13.6	7.00	14.9	YES	237	
28	0.90	47.24	42.5	13.7	7.14	15.5	YES	270	
29	1.02	46.72	47.7	13.2	6.92	14.9	YES	273	
30	1.01	53.37	53.9	12.9	7.15	16.6	YES	239	
31	0.98	44.75	43.9	14.1	7.20	15.5	YES	285	

♦ 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.

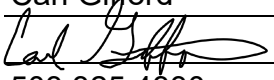
Month - Year: **Jul-25**

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]
7/15/25 12:00 AM	1/1	0.157	Air trapped following IT. Immediately corrected itself	0.000	0.014	

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) ⇨	
All return to service $LRV_{ambient}$ ≥ LRC? (Enter Yes or No) ⇨	

Name: Carl Gifford

Signature: 

Date: 7/15/2025

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