OHA - DWS

Membrane Filter Monthly Operating Report

System Name: **Youngs River Water**
PWS ID#: 41 - **00062**
Plant ID: WTP - **A** *(e.g., "A")*

County: **Clatsop**
Month/Year: **Aug-2025**
Minimum test pressure **applied**: **25** psi
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	0.017		0.019	0.000		Y
2	0.017		0.018	0.000		Y
3	0.017		0.018	0.000		Y
4	0.017		0.024	0.000		Y
5	0.017		0.025	0.006		Y
6	0.017		0.019	0.000		Y
7	0.017		0.024	0.000		Y
8	0.017		0.020	0.000		Y
9	0.017		0.043	0.000		Y
10	0.017		0.018	0.000		Y
11	0.017		0.024	0.000		Y
12	0.017		0.021	0.000		Y
13	0.017		0.018	0.000		Y
14	0.017		0.020	0.000		Y
15	0.017		0.017	0.000		Y
16	0.017		0.038	0.000		Y
17	0.017		0.018	0.000		Y
18	0.017		0.019	0.000		Y
19	0.017		0.018	0.006		Y
20	0.016		0.017	0.000		Y
21	0.017		0.021	0.000		Y
22	0.017		0.018	0.000		Y
23	0.017		0.020	0.006		Y
24	0.017		0.020	0.006		Y
25	0.017		0.018	0.006		Y
26	0.017		0.031	0.000		Y
27	0.017		0.029	0.000		Y
28	0.017		0.020	0.000		Y
29	0.017		0.018	0.000		Y
30	0.017		0.023	0.006		Y
31	0.017		0.022	0.006		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**	**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: Sept 4th, 2025
WT CERT #: T-08408
PHONE #: 503.325.4330

♣ *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	0.96	46.38	44.53	14.2	7.20	15.4	YES	275	
2	1.00	51.85	51.8	14.2	7.18	15.4	YES	246	
3	1.03	46.89	48.3	14.1	7.20	15.6	YES	272	
4	0.95	39.98	38.0	14.9	7.09	14.1	YES	319	
5	0.86	51.22	44.1	14.0	7.20	15.4	YES	249	
6	1.02	75.47	77.0	14.0	7.17	15.5	YES	169	
7	0.95	67.13	63.8	14.0	7.17	15.4	YES	190	
8	0.79	62.52	49.4	14.0	7.19	15.3	YES	204	
9	0.85	59.60	50.7	16.2	6.78	11.4	YES	214	
10	0.87	51.22	44.6	21.3	6.74	7.9	YES	249	
11	0.99	47.24	46.8	15.1	7.08	13.9	YES	270	
12	1.02	47.77	48.7	15.8	6.97	12.8	YES	267	
13	0.99	50.22	49.7	15.2	7.14	14.1	YES	254	
14	0.97	52.49	50.9	15.0	7.13	14.2	YES	243	
15	1.01	47.77	48.2	15.3	6.98	13.3	YES	267	
16	0.66	47.42	31.3	15.0	6.87	12.5	YES	269	
17	0.79	61.92	48.9	15.0	6.79	12.3	YES	206	
18	0.91	77.30	70.3	15.1	6.74	12.2	YES	165	
19	1.02	70.08	71.5	14.2	6.96	14.2	YES	182	
20	0.94	63.78	59.9	15.5	6.85	12.4	YES	200	
21	0.88	67.49	59.4	14.7	7.19	14.7	YES	189	
22	0.99	55.22	54.7	14.6	7.14	14.7	YES	231	
23	0.94	66.43	62.4	15.7	6.91	12.5	YES	192	
24	0.99	41.68	41.3	15.2	6.95	13.2	YES	306	
25	1.01	43.98	44.4	15.1	7.04	13.7	YES	290	
26	0.94	45.72	43.0	14.6	7.15	14.7	YES	279	
27	0.94	79.22	74.5	14.3	7.16	15.0	YES	161	
28	0.96	71.26	68.4	14.2	7.33	16.2	YES	179	
29	1.02	69.70	71.1	14.7	6.79	12.9	YES	183	
30	1.02	64.75	66.0	13.7	6.73	13.5	YES	197	
31	1.11	61.92	68.7	14.0	7.00	14.7	YES	206	

♦ 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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