OHA - DWS

Membrane Filter Monthly Operating Report

County: **Clatsop**

System Name: **Youngs River Water**

Month/Year: **Sep-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	0.017		0.018	0.000		y
2	0.017		0.018	0.000		y
3	0.017		0.023	0.000		y
4	0.017		0.020	0.006		y
5	0.017		0.018	0.000		y
6	0.029		0.030	0.000		y
7	0.029		0.038	0.000		y
8	0.029		0.029	0.000		y
9	0.023		0.024	0.006		y
10	0.020		0.022	0.000		y
11	0.015		0.045	0.006		y
12	0.015		0.042	0.000		y
13	0.015		0.041	0.006		y
14	0.015		0.027	0.000		y
15	0.015		0.017	0.000		Y
16	0.015		0.030	0.000		Y
17	0.015		0.025	0.006		Y
18	0.015		0.041	0.006		Y
19	0.015		0.027	0.006		y
20	0.018		0.033	0.000		y
21	0.017		0.039	0.006		y
22	0.017		0.018	0.006		y
23	0.017		0.030	0.000		y
24	0.017		0.027	0.000		y
25	0.016		0.021	0.006		y
26	0.016		0.025	0.006		y
27	0.016		0.048	0.000		y
28	0.016		0.048	0.006		y
29	0.016		0.039	0.000		y
30	0.016		0.029	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:

Notes:

DATE: October 6th, 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	0.92	67.49	62.09	14.3	7.06	14.5	YES	189	
2	0.98	66.09	64.8	15.4	6.93	12.9	YES	193	
3	1.05	72.06	75.7	14.5	6.85	13.4	YES	177	
4	1.02	69.32	70.7	14.5	6.86	13.4	YES	184	
5	0.95	70.47	66.9	14.5	7.11	14.6	YES	181	
6	0.96	44.91	43.1	14.1	6.81	13.4	YES	284	
7	1.02	42.66	43.5	14.1	6.76	13.3	YES	299	
8	0.99	70.47	69.8	13.9	7.22	15.9	YES	181	
9	0.79	74.16	58.6	14.4	6.96	13.6	YES	172	
10	1.07	59.05	63.2	14.9	6.75	12.6	YES	216	
11	0.98	72.47	71.0	14.1	7.14	15.2	YES	176	
12	0.99	69.32	68.6	14.2	7.04	14.6	YES	184	
13	1.05	68.21	71.6	14.6	6.69	12.5	YES	187	
14	1.09	63.46	69.2	14.4	7.15	15.1	YES	201	
15	0.84	79.72	67.0	14.3	6.84	13.2	YES	160	
16	0.77	66.43	51.2	14.1	7.12	14.7	YES	192	
17	0.67	78.25	52.4	14.7	6.70	12.0	YES	163	
18	1.04	71.66	74.5	13.9	7.09	15.2	YES	178	
19	1.02	43.98	44.9	13.9	6.68	13.0	YES	290	
20	1.00	43.68	43.7	13.7	6.68	13.2	YES	292	
21	0.86	45.07	38.8	14.4	6.77	12.8	YES	283	
22	1.08	46.21	49.9	13.0	7.09	16.2	YES	276	
23	1.00	79.22	79.2	13.0	6.99	15.5	YES	161	
24	0.97	80.73	78.3	13.4	7.03	15.3	YES	158	
25	1.00	75.03	75.0	13.5	7.08	15.5	YES	170	
26	1.05	75.92	79.7	13.2	6.64	13.5	YES	168	
27	0.98	68.95	67.6	13.7	7.01	14.9	YES	185	
28	0.97	67.85	65.8	13.5	7.03	15.2	YES	188	
29	1.02	71.26	72.7	13.4	6.95	14.9	YES	179	
30	0.85	65.75	55.9	13.3	6.89	14.4	YES	194	
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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