OHA - DWS

Membrane Filter Monthly Operating Report

County: **Clatsop**

System Name: **Youngs River Water**

Month/Year: **Nov-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	0.016		0.019	0.000		y
2	0.015		0.020	0.000		y
3	0.015		0.019	0.006		y
4	0.015		0.017	0.000		Y
5	0.015		0.017	0.000		Y
6	0.015		0.019	0.000		y
7	0.015		0.020	0.006		y
8	0.015		0.018	0.006		y
9	0.015		0.019	0.006		y
10	0.015		0.017	0.000		Y
11	0.015		0.020	0.006		y
12	0.015		0.016	0.006		y
13	0.015		0.019	0.000		y
14	0.015		0.020	0.006		y
15	0.015		0.016	0.000		y
16	0.015		0.019	0.000		y
17	0.015		0.020	0.000		y
18	0.015		0.017	0.000		y
19	0.015		0.017	0.006		y
20	0.015		0.017	0.000		y
21	0.015		0.017	0.006		y
22	0.015		0.018	0.000		y
23	0.015		0.017	0.000		y
24	0.015		0.016	0.006		y
25	0.015		0.017	0.006		y
26	0.015		0.016	0.000		y
27	0.015		0.018	0.006		y
28	0.015		0.019	0.006		y
29	0.015		0.026	0.006		y
30	0.015		0.018	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: Carl Gifford

Notes:

DATE: Dec 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	1.01	82.29	83.11	11.8	7.24	18.7	YES	155	
2	0.82	74.16	60.8	12.1	6.89	15.9	YES	172	
3	0.89	44.29	39.4	11.6	7.25	18.7	YES	288	
4	0.87	43.83	38.1	11.0	6.74	16.3	YES	291	
5	1.08	46.72	50.5	11.2	7.12	18.8	YES	273	
6	0.88	83.37	73.4	11.4	7.27	19.1	YES	153	
7	0.95	89.20	84.7	11.4	6.80	16.4	YES	143	
8	0.91	87.97	80.0	11.5	7.10	17.9	YES	145	
9	1.01	75.03	75.8	11.8	7.19	18.4	YES	170	
10	1.04	78.25	81.4	11.7	6.72	15.8	YES	163	
11	1.15	44.75	51.5	11.2	6.74	16.6	YES	285	
12	1.08	96.63	104.4	11.0	6.68	16.4	YES	132	
13	1.05	80.73	84.8	11.0	6.71	16.5	YES	158	
14	0.99	75.47	74.7	11.5	6.80	16.3	YES	169	
15	1.00	71.26	71.3	11.4	6.65	15.7	YES	179	
16	1.04	69.70	72.5	11.5	6.61	15.4	YES	183	
17	1.00	42.95	42.9	11.3	6.68	15.9	YES	297	
18	0.94	45.55	42.8	10.7	6.61	16.0	YES	280	
19	0.99	42.95	42.5	10.2	6.71	17.2	YES	297	
20	0.99	43.98	43.5	10.1	6.60	16.7	YES	290	
21	0.89	88.58	78.8	10.2	6.63	16.6	YES	144	
22	0.97	64.75	62.8	11.3	7.80	23.4	YES	197	
23	0.70	76.84	53.8	12.4	7.79	21.0	YES	166	
24	1.03	75.47	77.7	10.0	7.59	23.8	YES	169	
25	1.08	70.86	76.5	10.1	6.62	17.0	YES	180	
26	1.03	45.72	47.1	9.9	6.67	17.4	YES	279	
27	0.81	43.24	35.0	11.6	7.66	21.4	YES	295	
28	0.95	86.77	82.4	11.1	7.70	22.8	YES	147	
29	0.93	72.89	67.8	10.6	7.88	25.1	YES	175	
30	1.01	74.59	75.3	10.6	7.62	23.1	YES	171	
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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