

OHA - DWS

Membrane Filter Monthly Operating Report

County: **Clatsop**

System Name: **Youngs River Water**

Month/Year: **Jul-2024**

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

Day	CFE Daily Turbidity [NTU]	Highest CFE* [NTU]	Highest IFE [NTU]	PDR _{Max} [^{psi} / _{min}]	LRC [log removal]	DIT Daily
				0.060	2.50	
				Highest PDR of day [^{psi} / _{min}]	Lowest LRV _{ambient} of day [log removal]	[Y/N] or "off"
1	0.015		0.019	0.00		y
2	0.015		0.018	0.00		y
3	0.015		0.019	0.00		y
4	0.015		0.016	0.03		y
5	0.015		0.016	0.00		y
6	0.014		0.016	0.00		y
7	0.014		0.019	0.00		y
8	0.014		0.017	0.00		y
9	0.014		0.017	0.00		y
10	0.015		0.017	0.00		y
11	0.015		0.022	0.03		y
12	0.015		0.016	0.03		y
13	0.015		0.017	0.00		y
14	0.015		0.017	0.00		y
15	0.015		0.017	0.00		y
16	0.015		0.016	0.00		y
17	0.015		0.017	0.00		y
18	0.015		0.016	0.00		y
19	0.015		0.016	0.00		y
20	0.015		0.019	0.00		y
21	0.015		0.017	0.00		y
22	0.015		0.016	0.00		y
23	0.015		0.019	0.03		y
24	0.015		0.036	0.00		y
25	0.015		0.019	0.00		y
26	0.014		0.027	0.00		y
27	0.015		0.017	0.00		y
28	0.015		0.018	0.00		y
29	0.015		0.018	0.00		y
30	0.015		0.018	0.00		y
31	0.014		0.016	0.03		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: 

Notes:

DATE: August 5th, 2024

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 1 st 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	0.95	73.73	70.04	13.3	7.31	17.0	YES	173	
2	0.98	64.42	63.1	13.3	7.23	16.6	YES	198	
3	0.97	68.95	66.9	13.2	7.22	16.6	YES	185	
4	0.99	42.66	42.2	13.4	7.22	16.4	YES	299	
5	1.00	41.41	41.4	13.8	7.21	16.0	YES	308	
6	1.01	41.15	41.6	14.2	7.16	15.3	YES	310	
7	0.98	41.96	41.1	14.4	7.16	15.0	YES	304	
8	1.00	40.36	40.4	14.3	7.23	15.5	YES	316	
9	0.99	41.96	41.5	14.5	7.17	15.0	YES	304	
10	1.01	41.41	41.8	15.0	7.14	14.4	YES	308	
11	1.00	78.73	78.7	14.5	7.22	15.3	YES	162	
12	0.96	73.30	70.4	14.2	7.27	15.8	YES	174	
13	0.96	61.62	59.2	14.1	7.09	14.9	YES	207	
14	1.03	59.05	60.8	14.4	7.11	14.8	YES	216	
15	1.00	43.09	43.1	14.1	7.06	14.8	YES	296	
16	0.99	42.80	42.4	14.0	7.18	15.5	YES	298	
17	1.00	43.24	43.2	14.2	7.15	15.2	YES	295	
18	1.01	47.07	47.5	14.2	7.20	15.5	YES	271	
19	0.98	91.76	89.9	15.0	7.35	15.5	YES	139	
20	0.96	53.15	51.0	14.9	7.28	15.1	YES	240	
21	1.03	42.52	43.8	14.7	7.15	14.7	YES	300	
22	1.00	41.15	41.1	14.3	7.13	15.0	YES	310	
23	1.06	43.68	46.3	13.6	7.21	16.3	YES	292	
24	0.99	34.47	34.1	13.8	7.21	15.9	YES	370	
25	0.96	60.74	58.3	13.9	7.10	15.1	YES	210	
26	0.97	59.88	58.1	14.2	7.02	14.4	YES	213	
27	1.02	57.98	59.1	13.8	6.99	14.7	YES	220	
28	1.01	57.71	58.3	13.8	7.06	15.1	YES	221	
29	0.97	60.45	58.6	14.1	6.97	14.3	YES	211	
30	0.96	65.41	62.8	13.9	6.96	14.4	YES	195	
31	0.94	47.07	44.2	14.1	7.06	14.7	YES	271	

♦ 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@odhsosha.oregon.gov

fax: 971-673-0458

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