

# OHA - DWS

## Membrane Filter Monthly Operating Report

County: **Clatsop**

System Name: **Youngs River Water**

Month/Year: **Aug-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 <sub>Max</sub> [ <sup>psi</sup> / <sub>min</sub> ]	LRC [log removal]	DIT Daily
				0.060	2.50	
				Highest PDR of day [ <sup>psi</sup> / <sub>min</sub> ]	Lowest LRV <sub>ambient</sub> of day [log removal]	[Y/N] or "off"
1	0.014		0.015	0.000		y
2	0.014		0.016	0.000		y
3	0.014		0.016	0.000		y
4	0.014		0.018	0.000		y
5	0.014		0.016	0.000		y
6	0.014		0.017	0.000		y
7	0.014		0.017	0.000		y
8	0.014		0.015	0.000		y
9	0.014		0.022	0.000		y
10	0.014		0.016	0.006		y
11	0.014		0.016	0.000		y
12	0.014		0.017	0.012		y
13	0.014		0.016	0.000		y
14	0.014		0.018	0.000		y
15	0.015		0.016	0.000		y
16	0.015		0.017	0.006		y
17	0.014		0.016	0.000		y
18	0.015		0.016	0.006		y
19	0.015		0.017	0.004		y
20	0.014		0.019	0.000		y
21	0.014		0.018	0.000		y
22	0.014		0.016	0.000		y
23	0.014		0.016	0.000		y
24	0.014		0.016	0.000		y
25	0.014		0.017	0.000		y
26	0.014		0.017	0.006		y
27	0.014		0.015	0.006		y
28	0.014		0.017	0.006		y
29	0.014		0.018	0.006		y
30	0.014		0.016	0.000		y
31	0.014		0.016	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 <sub>Max</sub> , LRV ≥ LRC)	DIT Daily?
Yes	Yes	Yes	Yes	Yes
CT's met daily? (p. 2)	All Cl <sub>2</sub> residual at EP ≥ 0.2 mg/L?	PDR ≤ PDR <sub>Max</sub> ?	LRV <sub>ambient</sub> ≥ LRC?	
Yes	Yes	Yes		

PRINTED NAME: Carl Gifford      DATE: Sept 5th, 2024

SIGNATURE:       Type text here      WT CERT #: T-08408

Notes:      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 <sub>2</sub> Residual at 1 <sup>st</sup> 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	46.55	44.22	14.4	7.04	14.3	YES	274	
2	0.96	45.07	43.3	14.8	7.06	14.0	YES	283	
3	1.00	45.55	45.6	14.6	7.01	14.0	YES	280	
4	1.00	60.74	60.7	14.4	6.98	14.1	YES	210	
5	0.99	84.47	83.6	14.5	7.01	14.1	YES	151	
6	0.99	67.85	67.2	14.7	6.94	13.6	YES	188	
7	1.00	65.75	65.7	14.5	7.26	15.5	YES	194	
8	1.01	42.80	43.2	14.7	6.73	12.6	YES	298	
9	1.02	46.38	47.3	14.7	7.08	14.3	YES	275	
10	1.03	46.38	47.8	14.4	7.17	15.2	YES	275	
11	1.04	46.72	48.6	14.2	7.14	15.2	YES	273	
12	1.00	74.59	74.6	13.8	7.36	16.9	YES	171	
13	1.01	68.58	69.3	13.9	7.26	16.2	YES	186	
14	0.93	67.85	63.1	14.2	7.81	19.2	YES	188	
15	0.98	61.92	60.7	14.6	6.92	13.5	YES	206	
16	0.93	42.38	39.4	15.6	6.98	12.9	YES	301	
17	0.80	43.83	35.1	15.3	7.01	13.1	YES	291	
18	0.83	47.42	39.4	15.1	7.05	13.5	YES	269	
19	0.66	75.03	49.5	15.0	7.01	13.1	YES	170	
20	0.80	72.06	57.6	14.6	7.84	18.7	YES	177	
21	0.77	62.22	47.9	14.4	7.48	16.5	YES	205	
22	0.93	46.38	43.1	14.0	7.52	17.5	YES	275	
23	0.86	47.07	40.5	15.3	7.39	15.2	YES	271	
24	0.94	46.72	43.9	13.2	7.69	19.7	YES	273	
25	0.95	42.38	40.3	13.2	7.57	18.9	YES	301	
26	0.98	46.89	46.0	14.5	7.42	16.4	YES	272	
27	1.10	43.98	48.4	13.9	7.43	17.4	YES	290	
28	0.88	53.15	46.8	13.4	7.44	17.6	YES	240	
29	0.87	63.46	55.2	13.2	7.53	18.4	YES	201	
30	0.84	67.13	56.4	13.8	7.65	18.4	YES	190	
31	0.91	63.14	57.5	14.4	7.48	16.8	YES	202	

♦ 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 10<sup>th</sup> of following month by**

mail: Drinking Water Services  
PO Box 14350  
Portland, OR 97293-0350

email: [dwp.dmce@odhsosha.oregon.gov](mailto:dwp.dmce@odhsosha.oregon.gov)

fax: 971-673-0458

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