

OHA - DWS

Membrane Filter Monthly Operating Report

County: **Clatsop**

System Name: **Youngs River Water**

Month/Year: **Sep-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]	Highest PDR of day [^{psi} / _{min}]	Lowest LRV _{ambient} of day [log removal]	DIT Daily
						[Y/N] or "off"
				PDR_{Max} [^{psi}/_{min}]	LRC [log removal]	
				0.060	2.50	
1	0.015		0.017	0.006		Y
2	0.014		0.016	0.006		Y
3	0.014		0.017	0.000		Y
4	0.016		0.024	0.000		y
5	0.014		0.017	0.000		y
6	0.014		0.017	0.000		y
7	0.014		0.016	0.006		y
8	0.014		0.015	0.006		y
9	0.014		0.016	0.006		y
10	0.014		0.016	0.006		y
11	0.014		0.019	0.006		y
12	0.015		0.019	0.000		y
13	0.015		0.017	0.006		y
14	0.014		0.018	0.018		y
15	0.014		0.017	0.012		y
16	0.014		0.018	0.018		y
17	0.014		0.015	0.018		y
18	0.014		0.019	0.014		y
19	0.014		0.020	0.020		y
20	0.014		0.016	0.018		y
21	0.014		0.016	0.018		y
22	0.014		0.017	0.018		y
23	0.014		0.017	0.018		y
24	0.014		0.015	0.014		y
25	0.014		0.016	0.006		y
26	0.015		0.022	0.018		y
27	0.014		0.015	0.012		y
28	0.014		0.018	0.026		y
29	0.014		0.018	0.032		y
30	0.014		0.018	0.038		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 1st, 2024

WT CERT #: T-08408

PHONE #: 503.325.4330

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	0.82	67.49	55.34	14.5	7.50	16.6	YES	189	
2	0.79	64.75	51.1	14.2	7.45	16.6	YES	197	
3	0.78	60.74	47.4	14.2	7.46	16.6	YES	210	
4	0.71	45.39	32.2	14.1	7.47	16.7	YES	281	
5	0.67	45.23	30.3	14.6	7.61	16.9	YES	282	
6	0.98	47.24	46.3	15.8	7.45	15.2	YES	270	
7	1.00	51.22	51.2	14.9	7.44	16.1	YES	249	
8	1.01	68.58	69.3	14.7	7.39	16.1	YES	186	
9	1.03	67.13	69.1	14.6	7.44	16.5	YES	190	
10	0.97	72.06	69.9	14.5	7.40	16.3	YES	177	
11	0.95	87.97	83.6	15.5	7.29	14.6	YES	145	
12	1.01	48.50	49.0	14.8	7.23	15.0	YES	263	
13	0.81	40.88	33.1	15.1	7.22	14.4	YES	312	
14	0.85	48.13	40.9	14.2	7.25	15.5	YES	265	
15	0.94	49.06	46.1	13.5	7.48	17.9	YES	260	
16	0.95	102.86	97.7	13.5	7.41	17.4	YES	124	
17	0.96	80.73	77.5	14.6	7.09	14.4	YES	158	
18	0.95	72.47	68.8	14.5	7.21	15.1	YES	176	
19	0.98	98.12	96.2	13.9	7.14	15.4	YES	130	
20	0.99	56.44	55.9	13.6	7.19	16.0	YES	226	
21	0.91	54.74	49.8	13.3	7.15	16.0	YES	233	
22	0.97	52.06	50.5	13.1	7.19	16.5	YES	245	
23	0.92	50.62	46.6	14.1	7.01	14.4	YES	252	
24	1.02	48.68	49.7	13.5	7.18	16.1	YES	262	
25	0.96	48.13	46.2	13.8	7.43	17.2	YES	265	
26	0.85	83.91	71.3	13.5	7.40	17.2	YES	152	
27	0.85	98.12	83.4	13.4	7.20	16.0	YES	130	
28	0.90	75.03	67.5	13.4	7.26	16.5	YES	170	
29	0.93	75.92	70.6	13.1	7.19	16.5	YES	168	
30	0.80	78.25	62.6	12.9	7.15	16.2	YES	163	
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@odhsosha.oregon.gov

fax: 971-673-0458

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