

OHA - DWS

Membrane Filter Monthly Operating Report

County: **Clatsop**

System Name: **Youngs River Water**

Month/Year: **Dec-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

**DIT
Daily**

PDR_{Max} [^{psi}/_{min}]

LRC [log removal]

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	0.015	0.017	0.017	0.006		Y
2	0.015		0.017	0.000		y
3	0.015		0.018	0.000		Y
4	0.015		0.016	0.000		y
5	0.015		0.017	0.006		y
6	0.015		0.017	0.000		y
7	0.015		0.016	0.006		y
8	0.015		0.018	0.000		y
9	0.015		0.016	0.000		y
10	0.015		0.018	0.006		y
11	0.014		0.017	0.006		y
12	0.014		0.050	0.000		y
13	0.015		0.066	0.006		y
14	0.015		0.071	0.006		y
15	0.015		0.018	0.006		y
16	0.015		0.017	0.000		y
17	0.015		0.016	0.006		y
18	0.015		0.018	0.006		y
19	0.015		0.019	0.000		y
20	0.015		0.018	0.000		y
21	0.015		0.020	0.006		y
22	0.015		0.021	0.006		y
23	0.015		0.018	0.006		y
24	0.015		0.018	0.006		y
25	0.015		0.017	0.006		y
26	0.015		0.018	0.000		y
27	0.015		0.017	0.006		y
28	0.015		0.018	0.000		y
29	0.015		0.018	0.006		y
30	0.015		0.019	0.006		y
31	0.015		0.019	0.000		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: Jan 5th, 2026

WT CERT #: T-08408

PHONE #: 503.325.4330

Disinfection Monthly Operating ReportSystem 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	1.05	79.22	83.18	10.1	7.05	19.6	YES	161	
2	0.93	79.72	74.1	10.1	6.53	16.2	YES	160	
3	1.01	44.91	45.4	9.9	6.68	17.4	YES	284	
4	1.08	44.13	47.7	9.9	7.03	19.8	YES	289	
5	1.09	79.22	86.4	10.0	6.72	17.7	YES	161	
6	0.90	76.38	68.7	10.2	6.82	17.7	YES	167	
7	0.90	70.08	63.1	10.5	7.32	20.6	YES	182	
8	0.97	74.59	72.4	10.9	7.63	22.6	YES	171	
9	0.90	70.47	63.4	11.0	7.15	18.8	YES	181	
10	0.90	84.47	76.0	11.3	6.53	15.0	YES	151	
11	1.10	76.84	84.5	11.4	7.61	22.0	YES	166	
12	1.14	45.07	51.4	11.5	7.11	18.5	YES	283	
13	1.07	44.44	47.6	13.7	7.69	19.3	YES	287	
14	0.96	88.58	85.0	14.2	7.69	18.5	YES	144	
15	1.08	75.03	81.0	11.6	7.02	17.7	YES	170	
16	1.09	77.30	84.3	11.2	6.88	17.3	YES	165	
17	0.98	85.03	83.3	10.9	6.71	16.5	YES	150	
18	1.12	95.90	107.4	10.6	6.77	17.4	YES	133	
19	1.08	45.23	48.8	10.5	7.36	21.4	YES	282	
20	1.17	43.38	50.8	10.2	7.39	22.2	YES	294	
21	1.11	43.24	48.0	10.2	7.20	20.7	YES	295	
22	1.15	81.24	93.4	9.8	6.69	17.9	YES	157	
23	1.05	73.30	77.0	9.8	6.72	17.8	YES	174	
24	1.13	81.76	92.4	9.7	7.38	22.8	YES	156	
25	0.94	74.16	69.7	10.3	7.67	23.8	YES	172	
26	0.92	65.41	60.2	9.5	6.72	17.9	YES	195	
27	0.95	67.85	64.5	9.4	7.24	21.7	YES	188	
28	0.89	70.47	62.7	9.2	7.37	22.9	YES	181	
29	0.86	45.23	38.9	9.0	7.08	20.9	YES	282	
30	0.88	89.20	78.5	9.5	6.85	18.7	YES	143	
31	0.87	79.22	68.9	10.0	7.85	25.6	YES	161	

* 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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