

OHA - DWS

Membrane Filter Monthly Operating Report

County: **Clatsop**

System Name: **Youngs River Water**

Month/Year: **Jan-2026**

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		0.016	0.006		y
2	0.015		0.016	0.00		y
3	0.015		0.016	0.00		y
4	0.015		0.016	0.006		y
5	0.015		0.016	0.006		y
6	0.015		0.017	0.000		y
7	0.015		0.017	0.000		y
8	0.015		0.016	0.000		y
9	0.015		0.017	0.000		y
10	0.015		0.017	0.000		Y
11	0.015		0.017	0.006		Y
12	0.015		0.016	0.000		Y
13	0.015		0.020	0.000		Y
14	0.015		0.017	0.000		y
15	0.015		0.017	0.000		y
16	0.015		0.019	0.006		y
17	0.015		0.016	0.006		y
18	0.016		0.018	0.006		y
19	0.015		0.017	0.000		y
20	0.015		0.016	0.000		y
21	0.016		0.017	0.000		y
22	0.016		0.017	0.000		y
23	0.016		0.017	0.000		y
24	0.015		0.016	0.006		y
25	0.015		0.016	0.006		y
26	0.015		0.016	0.006		y
27	0.015		0.018	0.000		y
28	0.015		0.017	0.000		y
29	0.015		0.016	0.006		y
30	0.015		0.016	0.006		y
31	0.015		0.016	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: Feb 4th, 2026

WT CERT #: T-08408

PHONE #: 503.325.4330

♣ Used for optimization purposes only.

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	0.74	80.22	59.36	10.2	7.47	21.8	YES	159	
2	0.89	48.87	43.5	9.4	7.75	25.8	YES	261	
3	0.95	45.23	43.0	10.1	7.79	25.2	YES	282	
4	0.81	87.97	71.3	9.9	7.76	24.8	YES	145	
5	0.90	87.36	78.6	9.4	6.91	19.2	YES	146	
6	0.94	81.76	76.9	9.1	6.89	19.6	YES	156	
7	0.92	75.03	69.0	9.0	6.88	19.6	YES	170	
8	0.91	77.77	70.8	8.8	7.13	21.6	YES	164	
9	0.83	75.92	63.0	9.1	7.35	22.7	YES	168	
10	1.01	61.62	62.2	9.0	7.79	27.3	YES	207	
11	1.01	42.24	42.7	9.3	7.92	28.0	YES	302	
12	0.96	47.95	46.0	9.5	7.58	24.3	YES	266	
13	0.97	46.55	45.2	9.7	6.92	19.1	YES	274	
14	1.07	47.24	50.5	9.7	6.91	19.2	YES	270	
15	1.09	46.72	50.9	9.4	6.92	19.7	YES	273	
16	1.06	86.18	91.4	9.5	7.30	22.3	YES	148	
17	0.92	68.58	63.1	9.7	6.93	19.0	YES	186	
18	0.97	71.26	69.1	9.6	7.01	19.8	YES	179	
19	0.90	66.78	60.1	9.6	7.59	24.1	YES	191	
20	0.94	54.74	51.5	9.3	7.24	21.8	YES	233	
21	0.97	69.70	67.6	9.1	7.33	22.9	YES	183	
22	0.89	47.59	42.4	8.5	7.22	22.7	YES	268	
23	1.01	93.10	94.0	9.5	7.19	21.3	YES	137	
24	1.02	65.08	66.4	8.3	7.29	23.9	YES	196	
25	0.95	74.16	70.4	8.0	7.09	22.6	YES	172	
26	0.93	73.73	68.6	7.9	6.87	21.0	YES	173	
27	0.94	81.76	76.9	8.5	6.80	19.7	YES	156	
28	0.90	72.06	64.9	8.9	6.76	18.9	YES	177	
29	0.94	45.39	42.7	9.5	6.80	18.5	YES	281	
30	0.94	94.48	88.8	9.6	7.10	20.4	YES	135	
31	0.95	76.84	73.0	9.5	7.34	22.3	YES	166	

♦ 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