

OHA - DWS

Membrane Filter Monthly Operating Report

County: **Clatsop**

System Name: **Youngs River Water**

Month/Year: **Feb-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	0.000		y
3	0.015		0.017	0.000		y
4	0.015		0.016	0.000		y
5	0.015		0.017	0.000		Y
6	0.015		0.017	0.006		Y
7	0.015		0.016	0.000		y
8	0.015		0.016	0.006		y
9	0.015		0.017	0.006		y
10	0.015		0.016	0.000		y
11	0.015		0.019	0.006		y
12	0.015		0.017	0.006		y
13	0.015		0.017	0.000		y
14	0.015		0.016	0.000		y
15	0.015		0.016	0.000		y
16	0.015		0.016	0.000		y
17	0.015		0.016	0.006		y
18	0.015		0.016	0.006		y
19	0.015		0.017	0.000		y
20	0.015		0.016	0.006		y
21	0.015		0.016	0.000		y
22	0.015		0.016	0.000		y
23	0.015		0.017	0.000		y
24	0.015		0.016	0.006		y
25	0.015		0.017	0.006		y
26	0.015		0.016	0.000		y
27	0.015		0.018	0.000		y
28	0.015		0.017	0.006		Y
29						
30						
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 **DATE:** March 2nd, 2026
SIGNATURE:  **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 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	1.03	74.59	76.83	9.8	7.38	22.4	YES	171	
2	0.98	75.03	73.5	10.6	6.89	17.8	YES	170	
3	0.98	81.24	79.6	9.5	6.89	19.1	YES	157	
4	0.98	75.03	73.5	9.9	7.13	20.3	YES	170	
5	0.98	43.98	43.1	9.9	7.06	19.8	YES	290	
6	0.83	42.24	35.1	9.9	7.06	19.5	YES	302	
7	0.82	42.24	34.6	10.1	7.33	21.1	YES	302	
8	0.94	90.46	85.0	9.7	6.97	19.3	YES	141	
9	0.93	91.76	85.3	9.8	7.08	19.9	YES	139	
10	0.81	81.24	65.8	9.2	6.86	19.0	YES	157	
11	1.00	61.03	61.0	9.4	6.73	18.3	YES	209	
12	1.00	78.25	78.3	9.4	6.73	18.3	YES	163	
13	1.02	41.28	42.1	9.6	6.73	18.1	YES	309	
14	1.03	43.98	45.3	9.7	6.80	18.4	YES	290	
15	0.79	85.03	67.2	9.4	6.83	18.5	YES	150	
16	1.04	72.89	75.8	8.7	7.68	26.8	YES	175	
17	0.97	72.89	70.7	8.2	6.88	20.7	YES	175	
18	0.91	53.37	48.6	7.9	6.89	21.1	YES	239	
19	0.96	72.47	69.6	7.7	7.06	22.8	YES	176	
20	1.06	46.55	49.3	7.8	7.63	28.1	YES	274	
21	1.05	46.05	48.3	8.0	7.52	26.6	YES	277	
22	1.04	82.29	85.6	8.0	7.44	25.8	YES	155	
23	1.00	79.22	79.2	8.2	6.87	20.7	YES	161	
24	0.87	74.59	64.9	8.2	6.96	21.1	YES	171	
25	0.96	70.47	67.7	8.1	6.99	21.7	YES	181	
26	1.02	70.86	72.3	8.3	6.96	21.3	YES	180	
27	0.98	46.21	45.3	8.5	6.86	20.2	YES	276	
28	0.92	40.11	36.9	8.8	7.35	23.4	YES	318	
29		#DIV/0!							
30		#DIV/0!							
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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