

OHA - DWS

Membrane Filter Monthly Operating Report

County: **Wasco**

System Name: **Young Life**

Month/Year: **Aug-2024**

PWS ID#: 41 - **01246**

Minimum test pressure applied: 20 psi

Plant ID: WTP - **A**
(e.g., "A")

Minimum test pressure req'd: 18.21 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

PDR_{Max} [psi/min]	LRC [log removal]
0.098	4.00

DIT Daily

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			0.017	0.014		y
2			0.013	0.016		y
3			0.013	0.020		y
4			0.019	0.017		y
5			0.017	0.021		y
6			0.014	0.016		y
7			0.016	0.014		y
8			0.016	0.018		y
9			0.017	0.018		y
10			0.019	0.017		y
11			0.019	0.017		y
12			0.018	0.021		y
13			0.016	0.014		y
14			0.013	0.019		y
15			0.013	0.014		y
16			0.017	0.019		y
17			0.017	0.016		y
18			0.019	0.020		y
19			0.019	0.019		y
20			0.016	0.017		y
21			0.020	0.017		y
22			0.015	0.017		y
23			0.016	0.016		y
24			0.016	0.018		y
25			0.017	0.019		y
26			0.018	0.016		y
27			0.015	0.016		y
28			0.015	0.020		y
29			0.014	0.018		y
30			0.014	0.020		y
31			0.014	0.020		y

Compliance summary (operator to complete any blank fields)

95% of daily turbidity readings ≤ 1 NTU? [Y/N] Yes	All turbidity readings ≤ 5 NTU? [Y/N] Yes	All IFE turbidity readings ≤ 0.15 NTU? [Y/N] Yes	Performance std met? [Y/N] (PDR ≤ PDR _{Max} , LRV ≥ LRC) Yes	DIT Daily? Yes
CT's met daily? (p. 2) Yes	All Cl ₂ residual at EP ≥ 0.2 mg/L? Yes	PDR ≤ PDR _{Max} ? Yes	LRV _{ambient} ≥ LRC? Yes	

PRINTED NAME: **John Gastineau**
 SIGNATURE: *[Signature]*
 Notes:

DATE: **9/2/24**
 WT CERT #: **T08855**
 PHONE #: **541-489-3100**

* Used for optimization purposes only.

Disinfection Monthly Operating Report

System Name: Young Life

PWS ID#: 41 - 01246

4.0

↳ Log Inactivation Required via Disinfection

Plant ID : WTP - A

Month/Year: Aug-2024

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	0.6	162	97.2	20.7	7.5	3.0	Yes	191	
2	0.7	162	113.4	21.1	7.5	2.8	Yes	190	
3	0.4	162	64.8	23.5	7.5	2.4	Yes	215	
4	0.8	162	129.6	21.8	7.5	2.8	Yes	180	
5	0.7	162	113.4	22.5	7.5	2.6	Yes	131	
6	0.7	162	113.4	22.4	7.4	2.6	Yes	150	
7	0.6	162	97.2	22.6	7.5	2.6	Yes	178	
8	0.8	162	129.6	22.0	7.5	2.6	Yes	191	
9	0.9	162	145.8	21.4	7.5	2.8	Yes	157	
10	0.8	162	129.6	21.7	7.4	2.8	Yes	149	
11	0.7	162	113.4	22.0	7.5	2.6	Yes	139	
12	0.7	162	113.4	21.9	7.5	2.8	Yes	144	
13	0.7	162	113.4	21.8	7.5	2.8	Yes	132	
14	0.7	162	113.4	22.8	7.5	2.6	Yes	268	
15	0.6	162	97.2	22.8	7.5	2.6	Yes	166	
16	0.6	162	97.2	22.2	7.5	2.6	Yes	169	
17	0.7	162	113.4	22.2	7.5	2.6	Yes	160	
18	0.6	162	97.2	22.2	7.5	2.6	Yes	128	
19	0.7	162	113.4	21.9	7.5	2.8	Yes	141	
20	0.7	162	113.4	21.8	7.5	2.8	Yes	151	
21	0.7	162	113.4	21.6	7.5	2.8	Yes	170	
22	0.7	162	113.4	21.6	7.5	2.8	Yes	142	
23	0.7	162	113.4	21.5	7.5	2.8	Yes	135	
24	0.8	162	129.6	21.1	7.5	2.8	Yes	131	
25	0.8	162	129.6	20.8	7.5	3.0	Yes	158	
26	0.8	162	129.6	20.7	7.5	3.0	Yes	154	
27	0.6	162	97.2	20.6	7.5	3.0	Yes	116	
28	0.6	162	97.2	20.9	7.5	3.0	Yes	125	
29	0.6	162	97.2	20.9	7.6	3.0	Yes	127	
30	0.6	162	97.2	20.8	7.6	3.0	Yes	125	
31	0.7	162	113.4	21.0	7.6	2.8	Yes	152	

* 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

Portland, OR 97293-0350
 email: dwp.dmce@odhsoha.oregon.gov
 fax: 971-673-0458

OHA - Drinking Water Services - Surface Water (UVT)

System Name: Young Life

PWS ID#: 41-01246

County: Wasco

Month/Year: August 2024

Minimum UVT [%] during month: 85.3

Duty sensor variation from reference sensor: 0.94

Minimum Validated UVT: 79.9%

Date	Peak Hourly Flow	Minimum Dosage	All Lamps On?	Daily Water Produced {A}	Cumulative Water Produced	Water outside Validated Conditions {B}	Cumulative % Off-Spec Water Produced
	[gpm/unit]	[^m J/cm ²]	[Y or N]	[gal]		[gal]	(Mo. Sum {B}) ÷ (Mo. Sum {A}) * 100[%]
1	122	32	Y	176,520	176,520	0	0.0000%
2	112	38	Y	181,420	357,940	0	0.0000%
3	124	34	Y	158,500	516,440	0	0.0000%
4	120	32	Y	162,700	679,140	0	0.0000%
5	85	47	Y	137,090	816,230	0	0.0000%
6	84	53	Y	96,920	913,150	0	0.0000%
7	82	57	Y	105,610	1,018,760	0	0.0000%
8	90	54	Y	95,330	1,114,090	0	0.0000%
9	105	35	Y	153,550	1,267,640	0	0.0000%
10	110	31	Y	138,270	1,405,910	0	0.0000%
11	105	34	Y	126,090	1,532,000	0	0.0000%
12	102	32	Y	159,410	1,691,410	0	0.0000%
13	118	30	Y	118,470	1,809,880	0	0.0000%
14	117	33	Y	173,130	1,983,010	0	0.0000%
15	112	34	Y	155,320	2,138,330	0	0.0000%
16	118	29	Y	101,380	2,239,710	0	0.0000%
17	125	29	Y	137,260	2,376,970	0	0.0000%
18	120	30	Y	97,960	2,474,930	0	0.0000%
19	110	30	Y	116,460	2,591,390	0	0.0000%
20	118	28	Y	113,330	2,704,720	0	0.0000%
21	111	30	Y	126,010	2,830,730	0	0.0000%
22	114	34	Y	115,810	2,946,540	0	0.0000%
23	115	30	Y	107,550	3,054,090	0	0.0000%
24	117	33	Y	95,660	3,149,750	0	0.0000%
25	112	32	Y	110,260	3,260,010	0	0.0000%
26	112	30	Y	120,830	3,380,840	0	0.0000%
27	110	31	Y	85,590	3,466,430	0	0.0000%
28	120	32	Y	87,300	3,553,730	0	0.0000%
29	105	36	Y	96,350	3,650,080	0	0.0000%
30	101	39	Y	89,790	3,739,870	0	0.0000%
31	102	43	Y	92,150	3,832,020	0	0.0000%
Monthly Cumulative % Off-Spec Water Produced							0.0000%

Signature _____



Op. Cert.#: _____

T08855 D08856

Date: _____

9/2/24