

OHA - DWS

Membrane Filter Monthly Operating Report

County: **Wasco**

System Name: **Young Life**

Month/Year: **Feb-2025**

PWS ID#: 41 - **01246**

Minimum test pressure applied: **20** psi

Plant ID: WTP - **A**

Minimum test pressure req'd: **18.21** psi

(e.g., "A")

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
				0.098	4.00	
				Highest PDR of day [psi/min]	Lowest LRV _{ambient} of day [log removal]	[Y/N] or "off"
1			0.026	0.020	4.679	Y
2			0.025	0.020	4.687	Y
3			0.030	0.020	4.700	Y
4			0.033	0.018	4.732	Y
5			0.028	0.017	4.744	Y
6			0.024	0.020	4.688	Y
7			0.024	0.018	4.689	Y
8			0.016	0.018	4.738	Y
9			0.021	0.018	4.735	Y
10			0.015	0.019	4.678	Y
11			0.015	0.019	4.718	Y
12			0.015	0.020	4.702	Y
13			0.015	0.020	4.690	Y
14			0.017	0.018	4.730	Y
15			0.015	0.019	4.731	Y
16			0.015	0.019	4.721	Y
17			0.015	0.019	4.733	Y
18			0.015	0.018	4.748	Y
19			0.015	0.018	4.729	Y
20			0.016	0.020	4.675	Y
21			0.016	0.020	4.688	Y
22			0.016	0.021	4.667	Y
23			0.016	0.019	4.661	Y
24			0.016	0.019	4.701	Y
25			0.017	0.022	4.612	Y
26			0.017	0.022	4.608	Y
27			0.018	0.019	4.626	Y
28			0.016	0.019	4.578	Y
29						
30						
31						

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: **3/6/25**

WT CERT #: **T-08855**

PHONE #: **541-489-3100**

OHA-DWS

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: Feb-2025

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	0.8	162	129.6	10.1	7.7	6.0	Yes	114	
2	0.9	162	145.8	10.0	7.6	6.0	yes	130	
3	0.9	162	145.8	10.7	7.8	6.0	Yes	127	
4	1.0	162	162	10.5	7.7	6.0	Yes	119	
5	0.8	162	129.6	10.5	7.7	6.0	Yes	122	
6	0.8	162	129.6	10.4	7.6	6.0	Yes	130	
7	0.7	162	113.4	10.0	7.6	6.0	Yes	125	
8	0.7	162	113.4	9.8	7.6	6.4	yes	108	
9	0.7	162	113.4	9.8	7.6	6.4	Yes	109	
10	0.6	162	97.2	9.9	7.6	6.4	Yes	107	
11	0.7	162	113.4	9.8	7.7	6.4	Yes	119	
12	0.7	162	113.4	9.6	7.7	6.4	Yes	110	
13	0.7	162	113.4	9.3	7.7	6.4	Yes	122	
14	0.7	162	113.4	9.0	7.7	6.4	Yes	109	
15	0.7	162	113.4	9.1	7.6	6.4	Yes	112	
16	0.6	162	97.2	9.2	7.7	6.4	Yes	121	
17	0.6	162	97.2	9.8	7.7	6.4	Yes	110	
18	0.7	162	113.4	9.9	7.7	6.4	Yes	111	
19	0.7	162	113.4	10.0	7.7	6.0	Yes	108	
20	0.6	162	97.2	10.2	7.6	6.0	Yes	110	
21	0.6	162	97.2	10.2	7.7	6.0	Yes	123	
22	0.6	162	97.2	10.6	7.6	6.0	Yes	122	
23	0.6	162	97.2	11.0	7.6	5.6	Yes	127	
24	0.7	162	113.4	11.1	7.7	5.6	Yes	122	
25	0.5	162	81	11.1	7.7	5.6	Yes	110	Plant off
26	0.4	162	64.8	9.7	7.7	6.4	Yes	33	
27	0.7	162	113.4	10.8	7.7	6.0	Yes	104	
28	0.9	162	145.8	10.8	7.7	6.0	Yes	113	
29		162							
30		162							
31		162							

* 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: February 2025

Minimum UVT [%] during month: 81.9

Duty sensor variation from reference sensor: 1.0

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]	[^{mj} /cm ²]	[Y or N]	[gal]		[gal]	(Mo. Sum {B}) ÷ (Mo. Sum {A}) * 100[%]
1	70	49	Y	66,650	66,650	0	0.0000%
2	75	47	Y	74,570	141,220	0	0.0000%
3	68	52	Y	63,530	204,750	0	0.0000%
4	78	48	Y	69,860	274,610	0	0.0000%
5	71	51	Y	68,260	342,870	0	0.0000%
6	72	53	Y	90,390	433,260	0	0.0000%
7	71	52	Y	68,030	501,290	0	0.0000%
8	75	49	Y	61,360	562,650	0	0.0000%
9	71	47	Y	53,140	615,790	0	0.0000%
10	70	52	Y	44,650	660,440	0	0.0000%
11	75	50	Y	70,470	730,910	0	0.0000%
12	75	49	Y	67,430	798,340	0	0.0000%
13	70	54	Y	44,340	842,680	0	0.0000%
14	74	50	Y	57,540	900,220	0	0.0000%
15	77	47	Y	51,140	951,360	0	0.0000%
16	72	51	Y	62,030	1,013,390	0	0.0000%
17	72	51	Y	66,040	1,079,430	0	0.0000%
18	72	49	Y	64,510	1,143,940	0	0.0000%
19	77	47	Y	44,880	1,188,820	0	0.0000%
20	80	47	Y	70,170	1,258,990	0	0.0000%
21	64	48	Y	64,040	1,323,030	0	0.0000%
22	75	39	Y	46,310	1,369,340	0	0.0000%
23	70	40	Y	76,800	1,446,140	0	0.0000%
24	75	36	Y	47,640	1,493,780	0	0.0000%
25	70	40	Y	41,540	1,535,320	0	0.0000%
26	58	31	Y	8,300	1,543,620	0	0.0000%
27	55	34	Y	47,910	1,591,530	0	0.0000%
28	55	38	Y	88,020	1,679,550	0	0.0000%
29							
30							
31							
Monthly Cumulative % Off-Spec Water Produced							

Signature 

Op. Cert.#: T08855 D08856

Date: 3/6/25