OHA - DWS

Membrane Filter Monthly Operating Report

County: **Wasco**

System Name: **Young Life**

Month/Year: **Jun-2025**

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]	DIT Daily
0.098	4.00	

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			0.016	0.024	4.691	Y
2			0.016	0.624	4.642	Y
3			0.016	0.021	4.669	Y
4			0.017	0.020	4.695	Y
5			0.017	0.022	4.682	Y
6			0.031	0.022	4.687	Y
7			0.016	0.022	4.686	Y
8			0.016	0.020	4.710	Y
9			0.016	0.020	4.717	Y
10			0.017	0.017	4.784	Y
11			0.016	0.025	4.634	Y
12			0.016	0.024	4.694	Y
13			0.016	0.023	4.705	Y
14			0.018	0.021	4.706	Y
15			0.018	0.021	4.753	Y
16			0.020	0.021	4.690	Y
17			0.018	0.019	4.807	Y
18			0.017	0.022	4.733	Y
19			0.017	0.022	4.729	Y
20			0.016	0.023	4.712	Y
21			0.018	0.024	4.693	Y
22			0.017	0.024	4.699	Y
23			0.017	0.024	4.684	Y
24			0.017	0.021	4.691	Y
25			0.017	0.024	4.723	Y
26			0.017	0.021	4.765	Y
27			0.018	0.022	4.742	Y
28			0.023	0.021	4.743	Y
29			0.017	0.022	4.757	Y
30			0.022	0.024	4.695	Y
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	Yes

PRINTED NAME: John Gastineau **DATE:** 7/4/25

SIGNATURE: John Gastineau **WT CERT #:** T-08855

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

Revised 7/31/2023

♣ *Used for optimization purposes only.*

Disinfection Monthly Operating Report

System Name: **Young Life**

PWS ID#: 41 - **01246**

Plant ID : WTP - **A**

Month/Year: **Jun-2025**

4.0 ⇦ Log Inactivation Required via Disinfection

Day	Minimum Cl_2 Residual at 1st 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	0.7	162	113.4	18.1	7.6	3.4	Y	147	
2	0.8	162	129.6	18.0	7.6	3.4	Y	142	
3	0.7	162	113.4	18.1	7.6	3.4	Y	142	
4	0.7	162	113.4	18.2	7.6	3.4	Y	137	
5	0.7	162	113.4	18.2	7.4	3.4	Y	132	
6	0.6	162	97.2	18.3	7.5	3.4	Y	129	
7	0.6	162	97.2	18.5	7.5	3.4	Y	129	
8	0.6	162	97.2	18.8	7.6	3.4	Y	131	
9	0.6	162	97.2	19.1	7.5	3.2	Y	131	
10	0.7	162	113.4	19.4	7.6	3.2	Y	136	
11	0.6	162	97.2	20.0	7.5	3.0	Y	134	
12	0.6	162	97.2	20.1	7.6	3.0	Y	133	
13	0.7	162	113.4	20.2	7.6	3.0	Y	126	
14	0.7	162	113.4	20.2	7.6	3.0	Y	135	
15	0.7	162	113.4	20.2	7.6	3.0	Y	139	
16	0.7	162	113.4	20.3	7.6	3.0	Y	136	
17	0.7	162	113.4	20.3	7.6	3.0	Y	147	
18	0.9	162	145.8	20.4	7.6	3.0	Y	199	
19	1.0	162	162	20.5	7.6	3.0	Y	203	
20	1.0	162	162	20.3	7.6	3.0	Y	200	
21	0.9	162	145.8	20.1	7.6	3.0	Y	148	
22	0.8	162	129.6	19.6	7.6	3.2	Y	183	
23	0.9	162	145.8	19.5	7.6	3.2	Y	136	
24	0.8	162	129.6	19.6	7.6	3.2	Y	189	
25	0.9	162	145.8	19.9	7.6	3.2	Y	217	
26	0.9	162	145.8	20.2	7.6	3.0	Y	208	
27	0.8	162	129.6	20.4	7.6	3.0	Y	195	
28	0.8	162	129.6	20.6	7.6	3.0	Y	164	
29	0.7	162	113.4	20.9	7.7	3.0	Y	136	
30	0.7	162	113.4	21	7.6	2.8	Y	155	
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: June 2025**

Minimum UVT [%] during month: 93.8 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]	[$^{mJ}/_{cm2}$]	[Y or N]	[gal]		[gal]	(Mo. Sum {B}) ÷ (Mo. Sum {A}) * 100[%]
1	70	75	Y	81,770	81,770	0	0.0000%
2	84	68	Y	127,220	208,990	0	0.0000%
3	77	70	Y	90,700	299,690	0	0.0000%
4	75	75	Y	115,560	415,250	0	0.0000%
5	81	70	Y	115,890	531,140	0	0.0000%
6	88	68	Y	88,680	619,820	0	0.0000%
7	81	76	Y	77,740	697,560	0	0.0000%
8	67	88	Y	95,190	792,750	0	0.0000%
9	77	74	Y	122,050	914,800	0	0.0000%
10	77	75	Y	71,280	986,080	0	0.0000%
11	80	96	Y	96,470	1,082,550	0	0.0000%
12	98	85	Y	99,500	1,182,050	0	0.0000%
13	105	74	Y	135,720	1,317,770	0	0.0000%
14	84	72	Y	91,950	1,409,720	0	0.0000%
15	87	83	Y	110,420	1,520,140	0	0.0000%
16	75	90	Y	123,700	1,643,840	0	0.0000%
17	100	83	Y	111,670	1,755,510	0	0.0000%
18	102	82	Y	136,620	1,892,130	0	0.0000%
19	100	83	Y	114,540	2,006,670	0	0.0000%
20	108	78	Y	160,400	2,167,070	0	0.0000%
21	111	76	Y	125,370	2,292,440	0	0.0000%
22	102	79	Y	113,520	2,405,960	0	0.0000%
23	98	79	Y	77,660	2,483,620	0	0.0000%
24	110	75	Y	148,870	2,632,490	0	0.0000%
25	111	73	Y	140,690	2,773,180	0	0.0000%
26	108	79	Y	155,480	2,928,660	0	0.0000%
27	115	77	Y	146,250	3,074,910	0	0.0000%
28	110	76	Y	130,520	3,205,430	0	0.0000%
29	105	72	Y	104,370	3,309,800	0	0.0000%
30	111	70	Y	105,250	3,415,050	0	0.0000%
31							
Monthly Cumulative % Off-Spec Water Produced							

Signature [signature] Op. Cert.#: T08855 D08856 Date: 7/4/25