

OHA - DWS

Membrane Filter Monthly Operating Report

County: **Wasco**

System Name: **Young Life**

Month/Year: **Sep-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]	Highest PDR of day [^{psi} /min]	Lowest LRV _{ambient} of day [log removal]	DIT Daily [Y/N] or "off"
1			0.018	0.022	4.698	Y
2			0.017	0.024	4.662	Y
3			0.019	0.023	4.662	Y
4			0.019	0.023	4.674	Y
5			0.018	0.023	4.665	Y
6			0.017	0.024	4.635	Y
7			0.020	0.024	4.537	Y
8			0.019	0.029	4.534	Y
9			0.018	0.025	4.551	Y
10			0.018	0.025	4.640	Y
11			0.018	0.023	4.669	Y
12			0.018	0.023	4.670	Y
13			0.019	0.024	4.666	Y
14			0.018	0.022	4.690	Y
15			0.018	0.027	4.609	Y
16			0.019	0.025	4.626	Y
17			0.019	0.023	4.654	Y
18			0.018	0.026	4.666	Y
19			0.020	0.026	4.608	Y
20			0.018	0.026	4.616	Y
21			0.018	0.026	4.565	Y
22			0.019	0.027	4.513	Y
23			0.018	0.026	4.526	Y
24			0.018	0.029	4.489	Y
25			0.018	0.025	4.522	Y
26			0.018	0.026	4.511	Y
27			0.018	0.026	4.510	Y
28			0.018	0.026	4.509	Y
29			0.017	0.025	4.512	Y
30			0.018	0.028	4.488	Y
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: 

Notes:

DATE: **10/4/25**

WT CERT #: **TLO8855**

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

Disinfection Monthly Operating Report

System Name: Young LifePWS ID#: 41 - 01246**4.0**Log
Inactivation
Required via
DisinfectionPlant ID : WTP - AMonth/Year: Sep-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	24.1	7.6	2.2	Yes	137	
2	0.7	162	113.4	23.6	7.6	2.4	Yes	125	
3	0.6	162	97.2	24.2	7.6	2.2	Yes	121	
4	0.7	162	113.4	24.3	7.7	2.2	Yes	154	
5	0.6	162	97.2	24.5	7.6	2.2	Yes	145	
6	0.6	162	97.2	24.4	7.6	2.2	Yes	162	
7	0.6	162	97.2	24.2	7.6	2.2	Yes	162	
8	0.7	162	113.4	23.7	7.6	2.4	Yes	156	
9	0.7	162	113.4	23.7	7.6	2.4	Yes	130	
10	0.7	162	113.4	23.6	7.6	2.4	Yes	113	
11	0.6	162	97.2	23.5	7.6	2.4	Yes	115	
12	0.6	162	97.2	23.3	7.6	2.4	Yes	123	
13	0.7	162	113.4	23.2	7.7	2.4	Yes	111	
14	0.8	162	129.6	23.1	7.6	2.4	Yes	120	
15	0.8	162	129.6	23.0	7.6	2.4	Yes	126	
16	0.8	162	129.6	22.6	7.6	2.6	Yes	108	
17	0.9	162	145.8	22.4	7.6	2.6	Yes	118	
18	0.9	162	145.8	22.2	7.7	2.6	Yes	111	
19	0.9	162	145.8	22.2	7.7	2.6	Yes	125	
20	0.9	162	145.8	22.2	7.7	2.6	Yes	167	
21	0.9	162	145.8	22.2	7.7	2.6	Yes	179	
22	0.9	162	145.8	22.2	7.6	2.6	Yes	143	
23	0.8	162	129.6	22.0	7.6	2.6	Yes	116	
24	0.8	162	129.6	21.7	7.6	2.8	Yes	155	
25	0.8	162	129.6	21.7	7.6	2.8	Yes	274	
26	0.7	162	113.4	21.6	7.6	2.8	Yes	122	
27	0.7	162	113.4	21.5	7.6	2.8	Yes	134	
28	0.7	162	113.4	21.4	7.6	2.8	Yes	133	
29	0.7	162	113.4	21.0	7.6	2.8	Yes	117	
30	0.7	162	113.4	21.0	7.6	2.8	Yes	113	
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.dnce@odhsoha.oregon.gov

fax: 971-673-0458

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OHA - Drinking Water Services - Surface Water (UVT)

System Name: Young Life

PWS ID#: 41-01246

County: Wasco

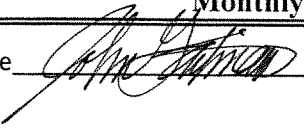
Month/Year: September 2025

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} /cm ²]	[Y or N]	[gal]		[gal]	(Mo. Sum {B}) ÷ (Mo. Sum {A}) * 100[%]
1	97	54	Y	113,780	113,780	0	0.0000%
2	98	55	Y	86,240	200,020	0	0.0000%
3	98	53	Y	72,000	272,020	0	0.0000%
4	100	53	Y	89,300	361,320	0	0.0000%
5	95	54	Y	102,750	464,070	0	0.0000%
6	67	65	Y	113,420	577,490	0	0.0000%
7	65	69	Y	103,370	680,860	0	0.0000%
8	90	57	Y	96,640	777,500	0	0.0000%
9	90	57	Y	81,180	858,680	0	0.0000%
10	91	57	Y	87,240	945,920	0	0.0000%
11	88	56	Y	96,080	1,042,000	0	0.0000%
12	92	55	Y	68,150	1,110,150	0	0.0000%
13	90	53	Y	69,790	1,179,940	0	0.0000%
14	94	55	Y	65,040	1,244,980	0	0.0000%
15	97	53	Y	91,550	1,336,530	0	0.0000%
16	98	53	Y	65,730	1,402,260	0	0.0000%
17	88	54	Y	75,070	1,477,330	0	0.0000%
18	94	55	Y	63,400	1,540,730	0	0.0000%
19	90	57	Y	85,630	1,626,360	0	0.0000%
20	85	56	Y	113,130	1,739,490	0	0.0000%
21	92	55	Y	110,390	1,849,880	0	0.0000%
22	61	73	Y	70,310	1,920,190	0	0.0000%
23	64	66	Y	75,670	1,995,860	0	0.0000%
24	65	62	Y	96,790	2,092,650	0	0.0000%
25	67	64	Y	78,290	2,170,940	0	0.0000%
26	64	68	Y	89,870	2,260,810	0	0.0000%
27	64	65	Y	68,380	2,329,190	0	0.0000%
28	65	67	Y	77,200	2,406,390	0	0.0000%
29	67	61	Y	72,290	2,478,680	0	0.0000%
30	62	71	Y	60,740	2,539,420	0	0.0000%
31							
Monthly Cumulative % Off-Spec Water Produced							0.0000%

Signature 

Op. Cert.#: T08855 D08856

Date: 10/4/25