OHA - DWS

Membrane Filter Monthly Operating Report

System Name: **Young Life**
PWS ID#: 41 - **01246**
Plant ID: WTP - **A** *(e.g., "A")*

County: **Wasco**
Month/Year: **Nov-2025**
Minimum test pressure **applied**: **20** psi
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			0.020	0.034	4.512	Y
2			0.020	0.026	4.545	Y
3			0.019	0.026	4.527	Y
4			0.019	0.023	4.581	Y
5			0.019	0.025	4.553	Y
6			0.019	0.023	4.590	Y
7			0.019	0.024	4.578	Y
8			0.019	0.023	4.602	Y
9			0.019	0.022	4.598	Y
10			0.019	0.022	4.602	Y
11			0.019	0.052	4.232	Y
12			0.020	0.043	4.315	Y
13			0.021	0.039	4.316	Y
14			0.019	0.054	4.205	Y
15			0.022	0.059	4.176	Y
16			0.023	0.043	4.171	Y
17			0.023	0.022	4.603	Y
18			0.023	0.021	4.634	Y
19			0.023	0.023	4.592	Y
20			0.022	0.022	4.617	Y
21			0.022	0.021	4.603	Y
22			0.022	0.021	4.629	Y
23			0.021	0.024	4.567	Y
24			0.021	0.024	4.572	Y
25			0.021	0.021	4.618	Y
26			0.021	0.022	4.599	Y
27			0.021	0.021	4.626	Y
28			0.022	0.022	4.607	Y
29			0.022	0.022	4.605	Y
30			0.022	0.021	4.614	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
SIGNATURE:
Notes:

DATE: 12/4/25
WT CERT #: T-08855
PHONE #: 541-489-3100

♣ *Used for optimization purposes only.*

Disinfection Monthly Operating Report

System Name: **Young Life**

PWS ID#: 41 - **01246**

Plant ID : WTP - **A**

Month/Year: **Nov-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	15.2	7.6	4.0	Yes	111	
2	0.7	162	113.4	15.0	7.6	4.0	Yes	109	
3	0.7	162	113.4	15.0	7.6	4.0	Yes	109	
4	0.7	162	113.4	15.0	7.6	4.0	Yes	127	
5	0.7	162	113.4	14.8	7.6	4.4	Yes	116	
6	0.7	162	113.4	14.8	7.6	4.4	Yes	115	
7	0.7	162	113.4	14.8	7.6	4.4	Yes	109	
8	0.7	162	113.4	14.8	7.6	4.4	Yes	118	
9	0.7	162	113.4	14.8	7.6	4.4	Yes	116	
10	0.7	162	113.4	14.7	7.6	4.4	Yes	146	
11	0.8	162	129.6	14.6	7.6	4.4	Yes	150	
12	0.7	162	113.4	14.5	7.6	4.4	Yes	114	
13	0.7	162	113.4	14.5	7.6	4.4	Yes	112	
14	0.7	162	113.4	14.3	7.6	4.4	Yes	110	
15	0.7	162	113.4	14.3	7.6	4.4	Yes	112	
16	0.6	162	97.2	14.4	7.6	4.4	Yes	122	
17	0.7	162	113.4	14.3	7.5	4.4	Yes	125	
18	0.7	162	113.4	14.2	7.6	4.4	Yes	114	
19	0.7	162	113.4	14.0	7.5	4.4	Yes	113	
20	0.6	162	97.2	14.0	7.5	4.4	Yes	117	
21	0.6	162	97.2	13.9	7.6	4.8	Yes	112	
22	0.6	162	97.2	13.7	7.6	4.8	Yes	112	
23	0.6	162	97.2	13.4	7.6	4.8	Yes	136	
24	0.6	162	97.2	13.4	7.6	4.8	Yes	138	
25	0.6	162	97.2	13.2	7.6	4.8	Yes	115	
26	0.6	162	97.2	13.1	7.5	4.8	Yes	110	
27	0.6	162	97.2	13.0	7.6	4.8	Yes	101	
28	0.6	162	97.2	13.0	7.5	4.8	Yes	103	
29	0.6	162	97.2	12.8	7.5	5.2	Yes	104	
30	0.6	162	97.2	12.6	7.5	5.2	Yes	102	
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: November 2025**

Minimum UVT [%] during month: 94.3 Duty sensor variation from reference sensor: 0.9

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	60	67	Y	44,500	44,500	0	0.0000%
2	64	61	Y	59,830	104,330	0	0.0000%
3	61	61	Y	70,800	175,130	0	0.0000%
4	62	62	Y	69,170	244,300	0	0.0000%
5	62	60	Y	68,900	313,200	0	0.0000%
6	61	58	Y	76,540	389,740	0	0.0000%
7	61	58	Y	57,710	447,450	0	0.0000%
8	60	57	Y	59,770	507,220	0	0.0000%
9	61	58	Y	68,600	575,820	0	0.0000%
10	65	61	Y	63,440	639,260	0	0.0000%
11	61	60	Y	113,160	752,420	0	0.0000%
12	62	58	Y	57,500	809,920	0	0.0000%
13	62	61	Y	46,910	856,830	0	0.0000%
14	60	61	Y	50,130	906,960	0	0.0000%
15	60	64	Y	73,590	980,550	0	0.0000%
16	61	61	Y	72,200	1,052,750	0	0.0000%
17	64	55	Y	62,010	1,114,760	0	0.0000%
18	61	62	Y	44,470	1,159,230	0	0.0000%
19	62	56	Y	54,630	1,213,860	0	0.0000%
20	64	59	Y	63,070	1,276,930	0	0.0000%
21	60	61	Y	69,160	1,346,090	0	0.0000%
22	60	57	Y	33,290	1,379,380	0	0.0000%
23	64	61	Y	71,100	1,450,480	0	0.0000%
24	64	57	Y	65,040	1,515,520	0	0.0000%
25	62	60	Y	81,060	1,596,580	0	0.0000%
26	63	61	Y	58,540	1,655,120	0	0.0000%
27	64	59	Y	26,820	1,681,940	0	0.0000%
28	64	64	Y	45,580	1,727,520	0	0.0000%
29	63	61	Y	75,320	1,802,840	0	0.0000%
30	62	60	Y	11,160	1,814,000	0	0.0000%
31							
Monthly Cumulative % Off-Spec Water Produced							

Signature [signature] Op. Cert.#: T08855 D08856 Date: 12/4/25