

OHA - DWS

Membrane Filter Monthly Operating Report

County: **Polk**

System Name: **Buell Red Prairie Water Dist.**

Month/Year: **Oct, 2024**

PWS ID#: 41 - **01174**

Minimum test pressure **applied**: **18.21** psi

Plant ID: WTP - _____

Minimum test pressure **req'd**: **17.24** 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"
				0.040	4.00	
1	0.034	0.045	0.028	0.02	4.52	Y
2	0.038	0.043	0.028	0.02	4.43	Y
3	0.041	0.046	0.028	0.04	4.31	Y
4	0.044	0.049	0.029	0.02	4.55	Y
5	0.047	0.051	0.039	0.02	4.84	Y
6	0.049	0.047	0.041	0.01	4.82	Y
7	0.022	0.027	0.039	0.02	4.43	Y
8	0.023	0.029	0.039	0.03	4.25	Y
9	0.024	0.031	0.039	0.03	4.35	Y
10	0.024	0.033	0.037	0.02	4.52	Y
11	0.027	0.031	0.035	0.02	4.43	Y
12	0.021	0.025	0.033	0.04	4.31	Y
13	0.020	0.026	0.038	0.02	4.55	Y
14	0.020	0.025	0.038	0.02	4.37	Y
15	0.020	0.023	0.034	0.02	4.26	Y
16	0.023	0.026	0.035	0.02	4.48	Y
17	0.023	0.036	0.037	0.02	4.84	Y
18	0.029	0.031	0.043	0.02	4.43	Y
19	0.032	0.04	0.047	0.03	4.28	Y
20	0.038	0.046	0.028	0.02	4.46	Y
21	0.022	0.025	0.029	0.01	4.33	Y
22	0.021	0.025	0.028	0.02	4.39	Y
23	0.024	0.034	0.030	0.02	4.49	Y
24	0.024	0.033	0.033	0.02	4.52	Y
25	0.028	0.042	0.030	0.02	4.23	Y
26	0.028	0.031	0.042	0.03	4.19	Y
27	0.027	0.035	0.038	0.03	4.34	Y
28	0.029	0.034	0.032	0.02	4.30	Y
29	0.028	0.035	0.036	0.03	4.26	Y
30	0.025	0.031	0.031	0.02	4.33	Y
31	0.027	0.032	0.028	0.04	4.18	Y

Y				
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: Darrel Lockard	DATE: 11/10/2024
SIGNATURE: <i>Darrel Lockard</i>	WT CERT #: 2853
Notes:	PHONE #: (541) 222-9997

* Used for optimization purposes only.

OHA-DWS

Disinfection Monthly Operating Report

System Name: **Buell Red Prairie Water Dist.**

PWS ID#: 41 - **01174**

Plant ID : WTP - _____

1.0

↳ Log
Inactivation
Required via
Disinfection

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	1.330	60	79.8	18.0	7.00	23.1	YES	110	
2	0.640	60	38.4	17.0	7.00	22.9	YES	110	
3	1.680	60	100.8	17.0	7.00	25.7	YES	110	
4	1.590	60	95.4	17.0	7.00	25.5	YES	110	
5	1.290	60	77.4	17.0	7.00	24.6	YES	110	
6	1.130	60	67.8	16.0	7.00	25.9	YES	110	
7	1.280	60	76.8	17.0	7.00	24.6	YES	110	
8	1.240	60	74.4	15.0	7.00	28.0	YES	110	
9	1.320	60	79.2	15.0	7.00	28.3	YES	110	
10	1.300	60	78.0	15.0	7.00	28.2	YES	110	
11	1.380	60	82.8	15.0	7.00	28.4	YES	110	
12	1.240	60	74.4	17.0	7.00	24.5	YES	110	
13	1.630	60	97.8	17.0	7.00	25.6	YES	110	
14	1.690	60	101.4	15.0	7.00	29.5	YES	110	
15	1.300	60	78.0	16.0	7.00	26.4	YES	110	
16	1.330	60	79.8	14.0	7.00	30.2	YES	110	
17	1.360	60	81.6	14.0	7.00	30.3	YES	110	
18	1.430	60	85.8	13.0	7.00	32.7	YES	110	
19	1.340	60	80.4	14.0	7.00	30.3	YES	110	
20	1.680	60	100.8	14.0	7.00	31.5	YES	110	
21	1.430	60	85.8	14.0	7.00	30.6	YES	110	
22	1.320	60	79.2	13.0	7.00	32.3	YES	110	
23	1.260	60	75.6	15.0	7.00	28.1	YES	110	
24	1.370	60	82.2	15.0	7.00	28.4	YES	110	
25	0.970	60	58.2	14.0	7.00	29.0	YES	110	
26	1.240	60	74.4	14.0	7.00	29.9	YES	110	
27	1.120	60	67.2	14.0	7.00	29.5	YES	110	
28	1.190	60	71.4	16.0	7.00	26.0	YES	110	
29	1.140	60	68.4	14.0	7.00	29.6	YES	110	
30	1.260	60	75.6	14.0	7.00	30.0	YES	110	
31	1.340	60	80.4	14.0	7.00	30.3	YES	110	

* 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
PO Box 14350
Portland, OR 97293-0350

OHA-DWS

email: dwp.dmce@odhsoha.oregon.gov
fax: 971-673-0458

p. 2 of 2