

OHA - DWS

Membrane Filter Monthly Operating Report

County: **Polk**

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

Month/Year: **Jan-2025**

PWS ID#: 41 - **01174**

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

Plant ID: WTP - _____
(e.g., "A")

Minimum test pressure **req'd**: **17.24** psi

DIT = Direct Integrity Test on filter(s) [Yes, No, or "off" if all filters are offline] ⇌

PDR = Pressure Decay Rate

PDR_{Max} [^{psi}/min]

LRC [log removal]

DIT Daily

LRC = Log Removal Credit

0.040

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	0.036	0.047	0.027	0.02	4.52	Y
2	0.041	0.051	0.024	0.02	4.43	Y
3	0.042	0.049	0.024	0.04	4.31	Y
4	0.044	0.044	0.024	0.02	4.55	Y
5	0.050	0.073	0.024	0.03	4.24	Y
6	0.054	0.062	0.024	0.03	4.21	Y
7	0.055	0.053	0.024	0.01	4.82	Y
8	0.057	0.057	0.024	0.02	4.43	Y
9	0.070	0.086	0.024	0.02	4.43	Y
10	0.021	0.025	0.028	0.03	4.28	Y
11	0.024	0.034	0.030	0.03	5.08	Y
12	0.024	0.033	0.033	0.03	4.21	Y
13	0.028	0.042	0.030	0.03	4.19	Y
14	0.028	0.031	0.042	0.03	4.25	Y
15	0.027	0.035	0.038	0.04	4.31	Y
16						Off
17						Off
18	0.025	0.031	0.031	0.02	4.55	Y
19	0.027	0.032	0.028	0.02	4.84	Y
20	0.021	0.025	0.033	0.01	4.82	Y
21	0.020	0.026	0.038	0.02	4.52	Y
22	0.020	0.025	0.038	0.02	4.43	Y
23	0.020	0.023	0.034	0.02	4.46	Y
24	0.023	0.026	0.035	0.01	4.33	Y
25	0.023	0.036	0.037	0.02	4.48	Y
26	0.029	0.031	0.043	0.02	4.43	Y
27	0.032	0.04	0.047	0.03	4.25	Y
28	0.038	0.046	0.028	0.03	4.35	Y
29	0.041	0.046	0.028	0.02	4.52	Y
30	0.044	0.049	0.029	0.02	4.43	Y
31	0.047	0.051	0.039	0.04	4.33	Y

Yes

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:** 2/10/2025
SIGNATURE: *Darrel Lockard* **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 - _____

0.5	↩ Log Inactivation Required via Disinfection
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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	0.980	60	58.8	9.0	7.00	20.6	YES	110	
2	1.020	60	61.2	11.0	7.00	18.1	YES	110	
3	0.980	60	58.8	11.0	7.00	18.0	YES	110	
4	0.970	60	58.2	13.0	7.00	15.5	YES	110	
5	0.940	60	56.4	14.0	7.00	14.5	YES	110	
6	1.430	60	85.8	10.0	7.00	20.2	YES	110	
7	1.030	60	61.8	11.0	7.00	18.1	YES	110	
8	1.010	60	60.6	11.0	7.00	18.1	YES	110	
9	1.250	60	75.0	10.0	7.00	19.8	YES	110	
10	1.190	60	71.4	10.0	7.00	19.7	YES	110	
11	1.390	60	83.4	9.0	7.00	21.5	YES	110	
12	1.390	60	83.4	9.0	7.00	21.5	YES	110	
13	1.320	60	79.2	8.0	7.00	22.8	YES	110	
14	1.600	60	96.0	7.0	7.00	25.2	YES	110	
15	1.150	60	69.0	9.0	7.00	20.9	YES	110	Skid #1 Off,
16	0.530	60	31.8	10.0	7.00	18.3	YES	110	Both Off, on well
17	1.320	60	79.2	11.0	7.00	18.7	YES	110	Well
18	1.230	60	73.8	11.0	7.00	18.6	YES	110	
19	1.260	60	75.6	10.0	7.00	19.9	YES	110	
20	1.200	60	72.0	10.0	7.00	19.7	YES	110	
21	1.240	60	74.4	9.0	7.00	21.2	YES	110	
22	1.180	60	70.8	9.0	7.00	21.0	YES	110	
23	1.200	60	72.0	8.0	7.00	22.5	YES	110	
24	1.160	60	69.6	10.0	7.00	19.6	YES	110	
25	1.140	60	68.4	12.0	7.00	17.2	YES	110	
26	1.370	60	82.2	11.0	7.00	18.8	YES	110	
27	1.440	60	86.4	12.0	7.00	17.8	YES	110	
28	1.480	60	88.8	11.0	7.00	19.1	YES	110	
29	1.510	60	90.6	12.0	7.00	17.9	YES	110	
30	1.420	60	85.2	13.0	7.00	16.3	YES	110	
31	1.470	60	88.2	12.0	7.00	17.9	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

email: dwp.dmce@odhsoha.oregon.gov

fax: 971-673-0458