

# OHA - DWS

## Membrane Filter Monthly Operating Report

County: **Polk**

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

Month/Year: **Fed - 2025**

PWS ID#: 41 - **01174**

Minimum test pressure applied: **17.24** psi

Plant ID: WTP - \_\_\_\_\_  
(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 <sub>Max</sub> [ <sup>psi</sup> / <sub>min</sub> ]	LRC [log removal]	DIT Daily
0.040	4.00	

Day	CFE Daily Turbidity [NTU]	Highest CFE* [NTU]	Highest IFE [NTU]	Highest PDR of day [ <sup>psi</sup> / <sub>min</sub> ]	Lowest LRV <sub>ambient</sub> of day [log removal]	[Y/N] or "off"
1	0.021	0.025	0.033	0.03	4.19	Y
2	0.020	0.026	0.038	0.02	4.49	Y
3	0.021	0.031	0.039	0.02	4.52	Y
4	0.024	0.033	0.033	0.02	4.43	Y
5	0.023	0.031	0.040	0.03	4.35	Y
6	Off	Off	Off	Off	Off	Off
7	Off	Off	Off	Off	Off	Off
8	Off	Off	Off	Off	Off	Off
9	0.021	0.025	0.028	0.02	4.36	Y
10	0.024	0.034	0.030	0.03	4.25	Y
11	0.024	0.033	0.033	0.03	4.28	Y
12	0.022	0.033	0.030	0.03	4.21	Y
13	0.022	0.033	0.042	0.03	4.21	Y
14	0.024	0.03	0.038	0.03	4.19	Y
15	0.023	0.032	0.028	0.03	4.25	Y
16	0.022	0.036	0.033	0.03	4.25	Y
17	0.025	0.041	0.038	0.03	4.28	Y
18	0.024	0.033	0.038	0.03	4.21	Y
19	0.027	0.033	0.038	0.03	4.39	Y
20	0.021	0.032	0.034	0.02	4.43	Y
21	0.020	0.036	0.035	0.03	4.28	Y
22	0.023	0.036	0.039	0.02	4.46	Y
23	0.024	0.031	0.041	0.03	4.25	Y
24	0.027	0.04	0.039	0.03	4.35	Y
25	0.027	0.046	0.039	0.03	4.19	Y
26	0.029	0.031	0.043	0.03	4.34	Y
27	0.032	0.04	0.047	0.02	4.30	Y
28	0.038	0.046	0.061	0.03	4.26	Y
29	End		End		End	End
30	Of		Of		Of	Of
31	Month		Month		Month	Month

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 <sub>Max</sub> , LRV ≥ LRC)	DIT Daily?
Yes	Yes	Yes	Yes	Yes
CT's met daily? (p. 2)	All Cl <sub>2</sub> residual at EP ≥ 0.2 mg/L?	PDR ≤ PDR <sub>Max</sub> ?	LRV <sub>ambient</sub> ≥ LRC?	
Yes	Yes	Yes	Yes	

**PRINTED NAME:** Darrel Lockard      **DATE:** 3/10/2025  
**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 - \_\_\_\_\_

<b>0.5</b>	↵ Log Inactivation Required via Disinfection
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Day	Minimum Cl <sub>2</sub> Residual at 1 <sup>st</sup> User ( C ) <sup>♦</sup> [mg/L = ppm]	Contact Time (T) [minutes]	Actual CT C x T (Formula)	Temp [° C]	pH	Required CT (Formula)	CT Met? <sup>♦</sup> [Yes / No] (Formula)	Peak Hourly Demand Flow [GPM]	Notes (e.g. "Plant Off")
1	1.340	60	80.4	12.0	7.00	17.6	YES	110	
2	1.420	60	85.2	14.0	7.00	15.3	YES	110	
3	1.350	60	81.0	12.0	7.00	17.6	YES	110	
4	1.090	60	65.4	14.0	7.00	14.7	YES	110	
5	1.370	60	82.2	15.0	7.00	14.2	YES	110	
6	1.530	60	91.8	14.0	7.00	15.5	YES	110	Plant Off/Well On
7	1.010	60	60.6	10.0	7.00	19.3	YES	110	Plant Off/Well On
8	1.320	60	79.2	13.0	7.00	16.1	YES	110	Plant Off/Well On
9	1.200	60	72.0	12.0	8.00	24.6	YES	110	
10	1.310	60	78.6	13.0	7.00	16.1	YES	110	
11	1.350	60	81.0	13.0	7.00	16.2	YES	110	
12	0.990	60	59.4	11.0	7.00	18.1	YES	110	
13	0.910	60	54.6	11.0	7.00	17.9	YES	110	
14	1.060	60	63.6	13.0	7.00	15.7	YES	110	
15	1.120	60	67.2	11.0	7.00	18.3	YES	110	
16	1.320	60	79.2	11.0	7.00	18.7	YES	110	
17	1.180	60	70.8	12.0	7.00	17.3	YES	110	
18	1.020	60	61.2	11.0	7.00	18.1	YES	110	
19	0.630	60	37.8	12.0	7.00	16.3	YES	110	
20	1.090	60	65.4	13.0	7.00	15.7	YES	110	
21	1.340	60	80.4	13.0	7.00	16.2	YES	110	
22	1.820	60	109.2	14.0	7.00	16.0	YES	110	
23	1.430	60	85.8	16.0	7.00	13.4	YES	110	
24	1.420	60	85.2	15.0	7.00	14.3	YES	110	
25	1.350	60	81.0	14.0	7.00	15.2	YES	110	
26	1.380	60	82.8	15.0	7.00	14.2	YES	110	
27	1.270	60	76.2	15.0	7.00	14.0	YES	110	
28	1.360	60	81.6	15.0	7.00	14.2	YES	110	
29	End	0	#####			#####	#####	-	End
30	Of	0	#####			#####	#####	-	Of
31	Month	0	#####			#####	#####	-	Month

♦ 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 10<sup>th</sup> of following month by**

mail: Drinking Water Services  
 PO Box 14350  
 Portland, OR 97293-0350