OHA - DWS

Membrane Filter Monthly Operating Report

County: **Polk**

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

Month/Year: **Mar-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_{Max} [$^{psi}/_{min}$]	LRC [log removal]	DIT Daily
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	0.038	0.046	0.028	0.02	4.37	Y
2	0.022	0.025	0.029	0.02	4.26	Y
3	0.021	0.025	0.028	0.02	4.48	Y
4	0.024	0.034	0.030	0.02	4.84	Y
5	0.024	0.033	0.033	0.02	4.43	Y
6	0.028	0.042	0.030	0.03	4.28	Y
7	0.028	0.031	0.042	0.02	4.46	Y
8	0.028	0.037	0.024	0.01	4.33	Y
9	0.030	0.035	0.030	0.02	4.39	Y
10	0.033	0.044	0.024	0.04	4.18	Y
11	0.036	0.047	0.027	0.03	4.24	Y
12	0.041	0.051	0.024	0.03	4.21	Y
13	0.042	0.049	0.024	0.02	4.33	Y
14	0.033	0.044	0.024	0.03	4.35	Y
15	0.036	0.047	0.027	0.02	4.52	Y
16	0.040	0.053	0.024	0.02	4.43	Y
17	0.042	0.049	0.024	0.04	4.31	Y
18	0.044	0.054	0.024	0.02	4.55	Y
19	0.050	0.063	0.024	0.02	4.84	Y
20	0.054	0.063	0.024	0.01	4.82	Y
21	0.047	0.051	0.039	0.02	4.52	Y
22	0.049	0.047	0.041	0.02	4.52	Y
23	0.022	0.027	0.039	0.02	4.43	Y
24	0.023	0.029	0.039	0.04	4.31	Y
25	0.024	0.031	0.039	0.02	4.55	Y
26	0.024	0.033	0.037	0.02	4.84	Y
27	0.027	0.031	0.035	0.01	4.82	Y
28	0.021	0.025	0.033	0.02	4.43	Y
29	0.020	0.023	0.034	0.03	4.25	Y
30	0.023	0.026	0.035	0.03	4.35	Y
31	0.023	0.036	0.037	0.02	4.52	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] ($PDR \le PDR_{Max}$, $LRV \ge LRC$)	DIT Daily?
Yes	**Yes**	**Y**	**Y**	**Yes**

CT's met daily? (p. 2)	All Cl_2 residual at EP ≥ 0.2 $^{mg}/_{L}$?	$PDR \le PDR_{Max}$?	$LRV_{ambient} \ge LRC$?
Yes	**Yes**	**Yes**	**Yes**

PRINTED NAME: **Darrel Lockard** **DATE:** 4/8/2025

SIGNATURE: *Darrel Lockard* **WT CERT #:** **2853**

Notes: **PHONE #:** **(541) 222-9997**

Revised 7/31/2023

♣ *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

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	1.260	60	75.6	15.0	7.00	14.0	YES	110	
2	1.320	60	79.2	14.0	7.00	15.1	YES	110	
3	1.350	60	81.0	15.0	7.00	14.2	YES	110	
4	1.280	60	76.8	12.0	7.00	17.5	YES	110	
5	1.200	60	72.0	15.0	7.00	13.9	YES	110	
6	1.140	60	68.4	14.0	7.00	14.8	YES	110	
7	1.250	60	75.0	15.0	7.00	14.0	YES	110	
8	1.390	60	83.4	15.0	7.00	14.2	YES	110	
9	1.120	60	67.2	13.0	8.00	22.8	YES	110	
10	0.760	60	45.6	13.0	7.00	15.1	YES	110	
11	1.040	60	62.4	16.0	7.00	12.8	YES	110	
12	1.120	60	67.2	15.0	7.00	13.8	YES	110	
13	1.150	60	69.0	11.0	7.00	18.4	YES	110	
14	1.170	60	70.2	12.0	7.00	17.3	YES	110	
15	1.160	60	69.6	12.0	7.00	17.3	YES	110	
16	1.140	60	68.4	13.0	7.00	15.8	YES	110	
17	1.180	60	70.8	14.0	7.00	14.9	YES	110	
18	0.910	60	54.6	14.0	7.00	14.4	YES	110	
19	1.020	60	61.2	15.0	7.00	13.6	YES	110	
20	1.180	60	70.8	14.0	7.00	14.9	YES	110	
21	1.210	60	72.6	13.0	7.00	15.9	YES	110	
22	1.180	60	70.8	13.0	7.00	15.9	YES	110	
23	1.160	60	69.6	14.0	7.00	14.8	YES	110	
24	1.210	60	72.6	12.0	7.00	17.4	YES	110	
25	1.200	60	72.0	14.0	7.00	14.9	YES	110	
26	1.220	60	73.2	14.0	7.00	14.9	YES	110	
27	1.250	60	75.0	13.0	7.00	16.0	YES	110	
28	1.220	60	73.2	14.0	7.00	14.9	YES	110	
29	1.190	60	71.4	14.0	7.00	14.9	YES	110	
30	1.040	60	62.4	15.0	7.00	13.7	YES	110	
31	1.120	60	67.2	14.0	7.00	14.8	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