OHA - DWS

Membrane Filter Monthly Operating Report

County: **Polk**

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

Month/Year: **May-2025**

PWS ID#: 41 - **01174**

Minimum test pressure **applied**: **20** psi

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

Minimum test pressure **req'd**: **18.23** 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	0.050	0.052	0.025	0.02	4.55	Y
2	0.052	0.053	0.031	0.02	4.39	Y
3	Off	Off	Off	Off	Off	Off
4	Off	Off	Off	Off	Off	Off
5	Off	Off	Off	Off	Off	Off
6	0.067	0.069	0.049	0.02	4.68	Y
7	0.032	0.07	0.052	0.02	4.41	Y
8	0.035	0.041	0.019	0.02	4.46	Y
9	0.036	0.037	0.017	0.01	4.48	Y
10	0.034	0.035	0.017	0.01	4.42	Y
11	0.033	0.034	0.021	0.01	4.45	Y
12	0.033	0.034	0.024	0.02	4.43	Y
13	0.033	0.033	0.017	0.02	4.52	Y
14	0.033	0.033	0.018	0.02	4.34	Y
15	0.033	0.033	0.017	0.03	4.35	Y
16	0.033	0.033	0.017	0.02	4.48	Y
17	0.033	0.037	0.020	0.02	4.48	Y
18	0.033	0.034	0.033	0.03	4.43	Y
19	0.034	0.037	0.018	0.04	4.31	Y
20	0.034	0.035	0.018	0.02	4.55	Y
21	0.035	0.037	0.018	0.02	4.52	Y
22	0.036	0.037	0.018	0.02	4.43	Y
23	0.037	0.038	0.020	0.01	4.42	Y
24	0.039	0.039	0.021	0.02	4.45	Y
25	0.039	0.056	0.050	0.01	4.64	Y
26	0.038	0.038	0.024	0.02	4.62	Y
27	0.037	0.039	0.104	0.02	4.52	Y
28	0.041	0.041	0.019	0.02	4.40	Y
29	0.041	0.049	0.023	0.05	3.27	Y
30	0.042	0.043	0.035	0.07	3.29	Y
31	0.043	0.047	0.025	0.102	3.18	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**	**No**	**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**	**No**	**No**

PRINTED NAME: **Darrel Lockard** **DATE:** 6/9/2025

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 - **A**

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	1.130	60	67.8	16.0	7.00	12.9	YES	110	
2	1.080	60	64.8	17.0	7.00	12.0	YES	110	
3	1.030	60	61.8	17.0	7.00	11.9	YES	110	
4	1.070	60	64.2	16.0	7.00	12.8	YES	110	
5	1.110	60	66.6	18.0	7.00	11.3	YES	110	
6	1.200	60	72.0	16.0	7.00	13.0	YES	110	
7	1.170	60	70.2	17.0	7.00	12.1	YES	110	
8	1.150	60	69.0	17.0	7.00	12.1	YES	110	
9	1.060	60	63.6	16.0	7.00	12.8	YES	110	
10	1.020	60	61.2	17.0	7.00	11.9	YES	110	
11	1.120	60	67.2	17.0	7.00	12.1	YES	110	
12	1.150	60	69.0	17.0	7.00	12.1	YES	110	
13	1.230	60	73.8	18.0	7.00	11.4	YES	110	
14	1.200	60	72.0	17.0	7.00	12.2	YES	110	
15	1.040	60	62.4	18.0	7.00	11.2	YES	110	
16	1.060	60	63.6	17.0	7.00	12.0	YES	110	
17	1.040	60	62.4	17.0	7.00	12.0	YES	110	
18	1.160	60	69.6	17.0	7.00	12.1	YES	110	
19	1.120	60	67.2	18.0	7.00	11.3	YES	110	
20	1.080	60	64.8	17.0	7.00	12.0	YES	110	
21	1.070	60	64.2	18.0	7.00	11.2	YES	110	
22	1.110	60	66.6	17.0	7.00	12.1	YES	110	
23	1.200	60	72.0	16.0	7.00	13.0	YES	110	
24	1.190	60	71.4	17.0	7.00	12.2	YES	110	
25	1.230	60	73.8	18.0	7.00	11.4	YES	110	
26	1.200	60	72.0	17.0	7.00	12.2	YES	110	
27	1.130	60	67.8	17.0	7.00	12.1	YES	110	
28	1.080	60	64.8	18.0	7.00	11.2	YES	110	
29	1.030	60	61.8	17.0	7.00	11.9	YES	110	
30	1.070	60	64.2	17.0	7.00	12.0	YES	110	
31	1.110	60	66.6	17.0	7.00	12.1	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