OHA - DWS

Membrane Filter Monthly Operating Report

County: **Polk**

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

Month/Year: **Jun-2025**

PWS ID#: 41 - **01174**

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

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

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	0.024	0.028	0.053	1.06	3.78	N
2	0.018	0.025	0.016	1.35	3.78	N
3	0.021	0.024	0.017	1.26	3.78	N
4	0.021	0.025	0.016	1.06	3.78	N
5	0.020	0.031	0.016	1.23	3.78	N
6	0.020	0.027	0.018	1.23	3.78	N
7	0.021	0.033	0.016	1.23	3.09	N
8	0.022	0.037	0.018	1.23	3.09	N
9	0.026	0.029	0.016	1.18	3.09	N
10	0.027	0.03	0.016	1.18	3.09	N
11	0.024	0.037	0.016	1.42	3.09	N
12	0.016	0.036	0.017	1.48	3.09	N
13	0.016	0.022	0.017	1.78	3.09	N
14	0.017	0.022	0.017	1.62	3.09	N
15	0.019	0.025	0.022	1.23	3.09	N
16	0.022	0.031	0.018	1.00	3.09	N
17	0.024	0.03	0.018	1.00	3.09	N
18	0.024	0.031	0.018	0.55	3.09	N
19	0.025	0.037	0.019	0.34	3.05	N
20	0.027	0.032	0.021	0.34	3.05	N
21	0.027	0.035	0.021	0.34	3.05	N
22	0.029	0.037	0.023	0.34	3.05	N
23	0.027	0.033	0.026	0.51	3.88	N
24	0.031	0.037	0.025	0.41	2.96	N
25	0.028	0.037	0.024	0.05	2.96	N
26	0.030	0.032	0.026	0.06	3.87	N
27	0.035	0.04	0.024	0.05	3.83	N
28	0.036	0.037	0.025	0.05	3.83	N
29	0.031	0.037	0.027	0.05	3.83	N
30	0.037	0.04	0.029	0.08	3.83	N
31	N/A	N/A	N/A	N/A	N/A	N/A

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	Yes	No	No

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	No	No

PRINTED NAME: Darrel Lockard **DATE:** 7/17/2025

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

Notes: In active communication with OHA-DWS (Evan Holfeld and Pete Farrelly) regarding the LRV and PDT **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	1.360	60	81.6	17.0	7.00	12.4	YES	110	
2	1.270	60	76.2	17.0	7.00	12.3	YES	110	
3	1.240	60	74.4	18.0	7.00	11.4	YES	110	
4	1.310	60	78.6	17.0	7.00	12.3	YES	110	
5	1.240	60	74.4	16.0	7.00	13.1	YES	110	
6	1.360	60	81.6	18.0	7.00	11.6	YES	110	
7	1.270	60	76.2	18.0	7.00	11.5	YES	110	
8	1.240	60	74.4	18.0	7.00	11.4	YES	110	
9	1.310	60	78.6	16.0	7.00	13.2	YES	110	
10	1.240	60	74.4	17.0	7.00	12.2	YES	110	
11	1.200	60	72.0	17.0	7.00	12.2	YES	110	
12	1.130	60	67.8	18.0	7.00	11.3	YES	110	
13	1.060	60	63.6	17.0	7.00	12.0	YES	110	
14	1.130	60	67.8	17.0	7.00	12.1	YES	110	
15	1.220	60	73.2	17.0	7.00	12.2	YES	110	
16	1.170	60	70.2	17.0	7.00	12.1	YES	110	
17	1.190	60	71.4	18.0	7.00	11.4	YES	110	
18	1.230	60	73.8	18.0	7.00	11.4	YES	110	
19	1.190	60	71.4	18.0	7.00	11.4	YES	110	
20	1.120	60	67.2	18.0	7.00	11.3	YES	110	
21	1.270	60	76.2	18.0	7.00	11.5	YES	110	
22	1.320	60	79.2	17.0	7.00	12.4	YES	110	
23	1.260	60	75.6	16.0	7.00	13.1	YES	110	
24	1.290	60	77.4	17.0	7.00	12.3	YES	110	
25	1.060	60	63.6	18.0	7.00	11.2	YES	110	
26	1.240	60	74.4	18.0	7.00	11.4	YES	110	
27	1.190	60	71.4	18.0	7.00	11.4	YES	110	
28	1.120	60	67.2	17.0	7.00	12.1	YES	110	
29	1.450	60	87.0	18.0	7.00	11.7	YES	110	
30	1.280	60	76.8	18.0	7.00	11.5	YES	110	
31	N/A	N/A	#VALUE!	N/A	N/A	#VALUE!	#VALUE!	N/A	N/A

* 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