

OHA - DWS

Membrane Filter Monthly Operating Report

County: **Polk**

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

Month/Year: **July, 2025**

PWS ID#: 41 - **01174**

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

Plant ID: WTP - **A**

Minimum test pressure **req'd**: **18.23** psi

(e.g., "A")

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]

0.040

LRC [log removal]

4.00

**DIT
Daily**

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	0.037	0.042	0.040	0.13	3.47	Y
2	0.044	0.05	0.041	0.13	3.47	Y
3	0.043	0.052	0.070	0.13	3.47	Y
4	0.030	0.072	0.045	0.13	3.47	Y
5	0.022	0.089	0.049	0.13	3.47	Y
6	0.024	0.076	0.054	0.13	3.47	Y
7	0.028	0.09	0.061	0.13	3.47	Y
8	0.035	0.321	0.064	0.13	3.47	Y
9	0.037	0.264	0.050	0.13	3.47	Y
10	0.030	2.641	0.056	0.13	3.47	Y
11	0.030	0.081	0.028	0.13	3.47	Y
12	0.035	0.34	0.039	0.13	3.47	Y
13	0.043	0.113	0.044	0.13	3.47	Y
14	0.051	20.649	0.045	0.13	3.47	Y
15	0.049	0.087	0.052	0.13	3.47	Y
16	0.052	0.138	0.051	0.13	3.47	Y
17	0.065	0.242	0.060	0.13	3.47	Y
18	0.111	0.184	0.067	0.13	3.47	Y
19	0.175	0.588	0.091	0.13	3.47	Y
20	0.036	0.073	0.081	0.13	3.47	Y
21	0.057	0.152	0.057	0.13	3.47	Y
22	0.060	0.173	0.052	0.13	3.47	Y
23	0.058	0.264	0.034	0.13	3.47	Y
24	0.062	0.192	0.040	0.13	3.47	Y
25	0.057	0.355	0.044	0.13	3.47	Y
26	0.068	0.518	0.039	0.13	3.47	Y
27	0.102	0.858	0.154	0.13	3.47	Y
28	0.121	0.761	0.144	0.13	3.47	Y
29	0.021	0.17	0.019	0.13	3.47	Y
30	0.019	0.17	0.020	0.13	3.47	Y
31	0.017	0.154	0.018	0.133	3.47	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		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:** 8/10/2025
SIGNATURE: *Darrel Lockard* **WT CERT #: 2853**
Notes: **PHONE #:** (541) 222-9997

Disinfection Monthly Operating ReportSystem 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 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	0.930	60	55.8	24.0	7.00	7.3	YES	110	
2	0.710	60	42.6	24.0	7.00	7.2	YES	110	
3	0.660	60	39.6	25.0	7.00	6.6	YES	110	
4	0.540	60	32.4	26.0	7.00	6.1	YES	110	
5	0.430	60	25.8	24.0	7.00	6.9	YES	110	
6	1.010	60	60.6	25.0	7.00	6.9	YES	110	
7	0.980	60	58.8	25.0	7.00	6.9	YES	110	
8	0.860	60	51.6	25.0	7.00	6.8	YES	110	
9	0.790	60	47.4	26.0	7.00	6.3	YES	110	
10	0.890	60	53.4	26.0	7.00	6.4	YES	110	
11	0.980	60	58.8	26.0	7.00	6.4	YES	110	
12	1.210	60	72.6	26.0	7.00	6.6	YES	110	
13	1.190	60	71.4	25.0	7.00	7.1	YES	110	
14	1.170	60	70.2	25.0	7.00	7.1	YES	110	
15	1.190	60	71.4	26.0	7.00	6.6	YES	110	
16	1.200	60	72.0	24.0	7.00	7.6	YES	110	
17	1.230	60	73.8	24.0	7.00	7.6	YES	110	
18	1.200	60	72.0	25.0	7.00	7.1	YES	110	
19	1.180	60	70.8	25.0	7.00	7.1	YES	110	
20	1.110	60	66.6	26.0	7.00	6.5	YES	110	
21	1.240	60	74.4	26.0	7.00	6.6	YES	110	
22	1.210	60	72.6	25.0	7.00	7.1	YES	110	
23	1.180	60	70.8	25.0	7.00	7.1	YES	110	
24	1.210	60	72.6	25.0	7.00	7.1	YES	110	
25	0.930	60	55.8	24.0	7.00	7.3	YES	110	
26	1.030	60	61.8	24.0	7.00	7.4	YES	110	
27	1.090	60	65.4	25.0	7.00	7.0	YES	110	
28	1.120	60	67.2	26.0	7.00	6.5	YES	110	
29	1.170	60	70.2	25.0	7.00	7.1	YES	110	
30	1.080	60	64.8	26.0	7.00	6.5	YES	110	
31	0.960	60	57.6	26.0	7.00	6.4	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

OHA-DWS

email: dwp.dmce@odhsoha.oregon.gov
fax: 971-673-0458

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