OHA - DWS

Membrane Filter Monthly Operating Report

County: **Polk**

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

Month/Year: **August, 2025**

PWS ID#: 41 - **01174**

Minimum test pressure **applied**: **18.5** 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]
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]	DIT Daily [Y/N] or "off"
1	0.148	0.214	0.013	0.133	3.47	Y
2	0.136	0.165	0.020	0.133	3.47	Y
3	0.126	0.138	0.016	0.133	3.47	Y
4	0.133	0.151	0.048	0.133	3.47	Y
5	0.131	0.142	0.015	0.133	3.47	Y
6	0.132	0.152	0.034	0.133	3.47	Y
7	0.141	0.166	0.035	0.133	3.47	Y
8	0.134	0.143	0.018	0.133	3.47	Y
9	0.132	0.15	0.032	0.133	3.47	Y
10	0.134	0.144	0.017	0.133	3.47	Y
11	0.133	0.142	0.018	0.19	3.47	Y
12	0.132	0.139	0.029	0.34	3.47	Y
13	0.131	0.138	0.144	0.40	3.47	Y
14	0.131	0.141	0.058	0.42	3.47	Y
15	0.129	0.139	0.019	0.36	3.47	Y
16	0.130	0.137	0.021	0.36	3.47	Y
17	0.131	0.141	0.018	0.23	3.47	Y
18	0.133	0.146	0.033	0.08	3.47	Y
19	0.131	0.141	0.046	0.07	3.26	Y
20	0.130	0.138	0.043	0.08	3.26	Y
21	0.131	0.141	0.031	0.05	3.26	Y
22	0.131	0.141	0.022	0.05	3.47	Y
23	0.130	0.136	0.024	0.04	3.26	Y
24	0.129	0.137	0.023	0.04	3.26	Y
25	0.129	0.142	0.036	0.03	4.24	Y
26	0.130	0.139	0.023	0.03	4.08	Y
27	0.129	0.136	0.023	0.03	4.15	Y
28	0.128	0.138	0.055	0.03	4.21	Y
29	0.134	0.134	0.055	0.03	4.14	Y
30	0.135	0.135	0.023	0.03	4.14	Y
31	0.125	0.134	0.150	0.032	4.14	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**		**No**	**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**	**No**	**No**

PRINTED NAME: **Darrel Lockard** **DATE:** 9/8/2025

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 - **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	0.860	60	51.6	23.1	6.00	5.3	YES	110	
2	0.430	60	25.8	24.0	7.00	6.9	YES	110	
3	1.010	60	60.6	22.3	7.00	8.3	YES	110	
4	0.980	60	58.8	22.1	7.00	8.4	YES	110	
5	0.860	60	51.6	23.0	6.00	5.3	YES	110	
6	0.930	60	55.8	21.4	7.00	8.8	YES	110	
7	0.710	60	42.6	21.1	7.00	8.7	YES	110	
8	0.660	60	39.6	21.8	8.00	12.0	YES	110	
9	0.540	60	32.4	22.2	7.00	7.9	YES	110	
10	0.290	60	17.4	24.0	7.00	6.8	YES	110	
11	0.880	60	52.8	25.0	7.00	6.8	YES	110	
12	0.850	60	51.0	24.0	7.00	7.3	YES	110	
13	0.730	60	43.8	24.0	7.00	7.2	YES	110	
14	0.650	60	39.0	25.0	6.00	4.5	YES	110	
15	0.790	60	47.4	25.0	7.00	6.7	YES	110	
16	0.830	60	49.8	23.0	7.00	7.8	YES	110	
17	0.770	60	46.2	24.0	7.00	7.2	YES	110	
18	0.510	60	30.6	24.0	8.00	10.2	YES	110	
19	0.360	60	21.6	24.0	8.00	10.0	YES	110	
20	0.640	60	38.4	24.0	7.00	7.1	YES	110	
21	1.190	60	71.4	25.0	7.00	7.1	YES	110	
22	1.080	60	64.8	25.0	7.00	7.0	YES	110	
23	1.320	60	79.2	24.0	7.00	7.7	YES	110	
24	0.890	60	53.4	24.0	7.00	7.3	YES	110	
25	1.250	60	75.0	24.0	7.00	7.6	YES	110	
26	0.630	60	37.8	24.0	8.00	10.4	YES	110	
27	0.920	60	55.2	24.0	7.00	7.3	YES	110	
28	1.070	60	64.2	24.0	7.00	7.5	YES	110	
29	1.570	60	94.2	24.0	7.00	7.9	YES	110	
30	1.590	60	95.4	24.0	7.00	7.9	YES	110	
31	1.250	60	75.0	24.0	7.00	7.6	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

email: dwp.dmce@odhsoha.oregon.gov

fax: 971-673-0458

Revised 7/31/2023

Turbidity-Triggered Direct Integrity Test (DIT) Reporting Form

OHA - Drinking Water Services

To be used when IFE exceeds 0.15 NTU, and submitted to OHA-DWS ♠

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

Darrel Lockard (541)222-9997

Water System ID: **01174**

01174 Water System Profile on DataOnline

Treatment Plant ID: WTP- **A**

PDR_{Max} = maximum allowed pressure decay rate for a passing DIT

County: **Polk**

LRC = Log Removal Credit granted for filtration, $LRV_{ambient}$ must be ≥ LRC.

Month - Year: **August, 2025**

Date/Time and membrane unit(s) affected		Pressure Decay Rate (PDR) [$^{psi}/_{min}$]: **0.04**			LRC: **4.00**	
Date/Time	Membrane unit/skid/cell ID#	Turbidity level > 0.15 NTU resulting in DIT [NTU]	Corrective action	DIT Re-test Results [$^{psi}/_{min}$]	Return-to-service turbidity [NTU]	Return-to-service $LRV_{ambient}$ [log]
8/4/25: 22:20 - 8/5/25: 12:00	Skid #2	0.876	Cleaned Turbidimeter	0.189	0.032	3.465
8/31/25 12:00 AM	Skid #2	0.150	Cleaned Turbidimeter	0.024	0.028	4.489

Monthly Summary

All return to service turbidity readings ≤ 0.15 NTU? (Enter Yes or No) ⇨	**Yes**
All membrane units removed from service until a DIT passes? (Enter Yes or No) ⇨	**No**
All return to service $LRV_{ambient}$ ≥ LRC? (Enter Yes or No) ⇨	**No**

Name: **Darrel Lockard**

Signature: Darrel Lockard **Date:** **9/8/2025**

Phone #: **(541)222-9997** **WT Cert #:** **2583**

♠ OAR 333-061-0036(5)(d)(C)(iv) states that if indirect integrity monitoring includes turbidity and the filtrate turbidity readings are above 0.15 NTU for a period greater than 15 minutes (i.e., two consecutive 15-minute readings above 0.15 NTU), direct integrity testing in accordance with subparagraphs (5)(d)(B)(i) through (v) of this rule must immediately be performed on the associated membrane unit.

Return by 10th of following month by email, fax, or mail to:
dwp.dmce@odhsoha.oregon.gov; 971-673-0458; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350