OHA - DWS

Membrane Filter Monthly Operating Report

County: **Polk**

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

Month/Year: **September, 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	0.0207	0.0207	0.022	0.03	4.14	Y
2	0.0202	0.0202	0.037	0.03	4.14	Y
3	0.0469	0.0469	0.132	0.04	4.14	Y
4	0.0181	0.0181	0.020	0.03	4.27	Y
5	0.0195	0.0195	0.037	0.03	4.33	Y
6	0.0227	0.0227	0.100	0.03	4.28	Y
7	0.0177	0.0177	0.019	0.03	4.25	Y
8	0.0186	0.0186	0.038	0.02	4.40	Y
9	0.0184	0.0184	0.086	0.02	4.36	Y
10	0.018	0.018	0.024	0.03	4.38	Y
11	0.018	0.018	0.029	0.04	3.18	Y
12	0.0172	0.0172	0.031	0.04	3.78	Y
13	0.0172	0.0172	0.019	0.04	3.84	Y
14	0.0172	0.0172	0.024	0.04	3.87	Y
15	0.0189	0.0189	0.103	0.04	4.29	Y
16	0.0173	0.0173	0.019	0.03	4.01	Y
17	0.017	0.017	0.019	0.03	4.01	Y
18	0.0175	0.0175	0.025	0.03	3.81	Y
19	0.0191	0.0191	0.115	0.03	3.35	Y
20	0.017	0.017	0.021	0.04	4.33	Y
21	0.017	0.017	0.020	0.04	4.09	Y
22	0.0168	0.0168	0.025	0.04	4.33	Y
23	0.0171	0.0171	0.038	0.03	4.52	Y
24	0.0172	0.0172	0.024	0.04	4.32	Y
25	0.0188	0.0188	0.026	0.02	4.58	Y
26	0.0228	0.0228	0.026	0.03	4.32	Y
27	0.0285	0.0285	0.032	0.02	4.54	Y
28	0.0346	0.0346	0.099	0.04	4.40	Y
29	0.0169	0.0169	0.020	0.04	4.38	Y
30	0.0169	0.0169	0.019	0.04	4.34	Y
31	No 31st	No 31st	No 31st	No 31st	No 31st	No 31st

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**	**Yes**	**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**	**Yes**	**No**

PRINTED NAME: **Darrel Lockard** **DATE:** 10/1/2025

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

Notes: LRV Equation Issues - Qp figure is causing issues **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	1.590	60	95.4	20.0	7.00	10.4	YES	110	
2	1.540	60	92.4	20.0	7.00	10.4	YES	110	
3	1.290	60	77.4	20.0	7.00	10.1	YES	110	
4	1.170	60	70.2	20.0	7.00	9.9	YES	110	
5	0.580	60	34.8	20.0	7.00	9.3	YES	110	
6	1.160	60	69.6	20.0	7.00	9.9	YES	110	
7	1.270	60	76.2	20.0	7.00	10.0	YES	110	
8	1.200	60	72.0	19.0	7.00	10.7	YES	110	
9	1.100	60	66.0	21.0	7.00	9.2	YES	110	
10	1.090	60	65.4	20.0	7.00	9.8	YES	110	
11	0.920	60	55.2	22.0	7.00	8.4	YES	110	
12	0.980	60	58.8	20.0	7.00	9.7	YES	110	
13	2.160	60	129.6	20.0	7.00	11.1	YES	110	
14	2.510	60	150.6	21.0	7.00	10.8	YES	110	
15	2.380	60	142.8	21.0	7.00	10.7	YES	110	
16	1.210	60	72.6	22.0	7.00	8.7	YES	110	
17	1.060	60	63.6	23.0	7.00	8.0	YES	110	
18	1.310	60	78.6	22.0	7.00	8.8	YES	110	
19	1.280	60	76.8	21.0	7.00	9.4	YES	110	
20	1.210	60	72.6	21.0	7.00	9.3	YES	110	
21	1.020	60	61.2	19.0	7.00	10.4	YES	110	
22	1.390	60	83.4	20.0	7.00	10.2	YES	110	
23	1.270	60	76.2	19.0	7.00	10.7	YES	110	
24	1.320	60	79.2	20.0	7.00	10.1	YES	110	
25	1.280	60	76.8	20.0	7.00	10.0	YES	110	
26	1.340	60	80.4	20.0	7.00	10.1	YES	110	
27	1.470	60	88.2	19.0	7.00	11.0	YES	110	
28	1.480	60	88.8	20.0	7.00	10.3	YES	110	
29	1.500	60	90.0	20.0	7.00	10.3	YES	110	
30	1.440	60	86.4	20.0	7.00	10.2	YES	110	
31	No 31st Day	lo 31st Da	#######	lo 31st Da	31st D	#######	#######	110	No 31st Day

♦ 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