OHA - DWS

Membrane Filter Monthly Operating Report

County: **Polk**

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

Month/Year: **October, 2025**

PWS ID#: 41 - **01174**

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

Minimum test pressure **applied**: **18.5** 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]
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	0.08	0.082	0.023	0.02	4.45	Y
2	0.111	0.111	0.018	0.03	4.14	Y
3	0.101	0.103	0.02	0.03	4.30	Y
4	0.101	0.101	0.019	0.03	4.30	Y
5	0.104	0.104	0.02	0.02	4.64	Y
6	0.103	0.103	0.019	0.02	4.56	Y
7	0.038	0.038	0.02	0.02	4.19	Y
8	0.037	0.037	0.019	0.01	4.64	Y
9	0.039	0.039	0.019	0.01	5.02	Y
10	0.042	0.042	0.019	0.01	4.40	Y
11	0.039	0.039	0.02	0.03	4.40	Y
12	0.048	0.048	0.019	0.04	4.33	Y
13	0.05	0.05	0.02	0.04	4.33	Y
14	0.054	0.054	0.018	0.03	4.24	Y
15	0.058	0.058	0.02	0.03	4.49	Y
16	0.054	0.054	0.02	0.03	4.44	Y
17	0.06	0.06	0.02	0.03	4.43	Y
18	0.063	0.063	0.02	0.02	4.06	Y
19	0.068	0.068	0.018	0.03	4.44	Y
20	0.07	0.07	0.02	0.03	4.28	Y
21	0.076	0.076	0.02	0.03	4.28	Y
22	0.073	0.073	0.02	0.03	4.43	Y
23	0.097	0.097	0.02	0.03	4.51	Y
24	0.024	0.024	0.021	0.03	4.86	Y
25	0.025	0.025	0.022	0.01	4.65	Y
26	0.034	0.034	0.023	0.03	4.49	Y
27	0.039	0.039	0.023	0.03	4.47	Y
28	0.039	0.039	0.022	0.03	4.47	Y
29	0.045	0.045	0.023	0.03	4.41	Y
30	0.04	0.04	0.024	0.03	4.41	Y
31	0.047	0.047	0.024	0.03	4.44	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**	**Yes**	**Yes**	**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**	**Yes**	**Yes**

PRINTED NAME: **Darrel Lockard** **DATE:** 11/10/2025

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.*

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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	1.410	60	84.6	18.0	7.64	14.8	YES	120	
2	1.460	60	87.6	18.0	7.64	14.9	YES	120	
3	1.880	60	112.8	18.4	7.43	14.1	YES	120	
4	2.020	60	121.2	18.2	7.47	14.7	YES	120	
5	2.130	60	127.8	18.0	7.65	16.1	YES	120	
6	1.790	60	107.4	18.5	7.53	14.4	YES	120	
7	2.110	60	126.6	16.9	7.64	17.3	YES	120	
8	1.540	60	92.4	17.2	7.65	15.9	YES	120	
9	1.490	60	89.4	17.7	7.78	16.1	YES	120	
10	1.900	60	114.0	16.5	7.53	16.6	YES	120	
11	1.700	60	102.0	16.8	7.60	16.3	YES	120	
12	1.490	60	89.4	16.4	7.57	16.2	YES	120	
13	0.980	60	58.8	16.0	7.56	15.6	YES	120	
14	1.440	60	86.4	15.8	7.59	16.9	YES	120	
15	1.960	60	117.6	13.7	7.60	20.7	YES	120	
16	2.130	60	127.8	14.6	7.59	19.8	YES	120	
17	1.430	60	85.8	14.4	7.54	18.2	YES	120	
18	1.570	60	94.2	16.0	7.72	17.8	YES	120	
19	2.110	60	126.6	14.6	7.62	20.0	YES	120	
20	1.980	60	118.8	12.9	7.72	22.8	YES	120	
21	1.560	60	93.6	11.6	7.81	24.6	YES	120	
22	1.730	60	103.8	19.2	7.77	14.9	YES	120	
23	1.810	60	108.6	16.4	7.36	15.5	YES	120	
24	1.860	60	111.6	14.9	7.60	18.9	YES	120	
25	1.410	60	84.6	18.2	7.75	15.2	YES	120	
26	1.920	60	115.2	13.8	7.59	20.4	YES	120	
27	1.860	60	111.6	12.6	7.61	22.1	YES	120	
28	1.890	60	113.4	12.8	7.56	21.5	YES	120	
29	1.930	60	115.8	12.8	7.55	21.5	YES	120	
30	2.000	60	120.0	12.7	7.54	21.7	YES	120	
31	1.930	60	115.8	15.2	7.64	18.9	YES	120	

♦ 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

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