

OHA - DWS

Membrane Filter Monthly Operating Report

County: **Polk**

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

Month/Year: **February, 2026**

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

PDR_{Max} [^{psi}/_{min}]

LRC [log removal]

DIT Daily

LRC = Log Removal Credit

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	0.024	0.024	0.03	4.40	Y
2	0.025	0.025	0.025	0.03	4.05	Y
3	0.024	0.024	0.024	0.03	4.70	Y
4	0.025	0.025	0.025	0.03	4.05	Y
5	0.025	0.025	0.025	0.03	4.49	Y
6	0.024	0.024	0.024	0.04	4.05	Y
7	0.024	0.024	0.024	0.03	4.05	Y
8	0.024	0.024	0.024	0.03	4.05	Y
9	0.024	0.024	0.024	0.03	4.05	Y
10	0.024	0.024	0.024	0.03	4.05	Y
11	0.024	0.024	0.024	0.03	4.05	Y
12	0.024	0.024	0.024	0.03	4.05	Y
13	0.025	0.025	0.025	0.03	4.05	Y
14	0.024	0.024	0.024	0.03	4.05	Y
15	0.024	0.024	0.024	0.03	4.05	Y
16	0.025	0.025	0.025	0.04	4.05	Y
17	0.024	0.024	0.024	0.04	4.05	Y
18	0.025	0.025	0.025	0.04	4.05	Y
19	0.025	0.025	0.025	0.04	4.05	Y
20	0.025	0.025	0.025	0.03	4.05	Y
21	0.025	0.025	0.025	0.03	4.05	Y
22	0.025	0.025	0.025	0.03	4.05	Y
23	0.025	0.025	0.025	0.03	4.05	Y
24	System down due to high turbidity following 4" of rain. Well was used to supplement.					
25						
26						
27						
27	0.026	0.026	0.026	0.03	4.05	Y
28	0.026	0.026	0.026	0.03	4.05	Y
29						
30						
31						

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	Yes	

PRINTED NAME: **Darrel Lockard** DATE: **11/10/2026**
 SIGNATURE: *Darrel Lockard* WT CERT #: **2853**
 Notes: LRV Equation Issues - Qp figure is causing issues PHONE #: **(541) 222-9997**

* 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 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	1.810	60	108.6	13.2	7.42	19.7	YES	120	
2	1.800	60	108.0	13.7	7.75	21.5	YES	120	
3	1.910	60	114.6	12.2	7.68	23.5	YES	120	
4	1.880	60	112.8	12.6	7.71	23.0	YES	120	
5	1.930	60	115.8	12.2	7.63	23.1	YES	120	
6	1.950	60	117.0	11.9	7.72	24.4	YES	120	
7	1.830	60	109.8	12.1	7.68	23.4	YES	120	
8	1.930	60	115.8	12.1	7.61	23.1	YES	120	
9	1.830	60	109.8	16.1	7.80	18.7	YES	120	
10	1.710	60	102.6	14.3	7.62	19.5	YES	120	
11	1.960	60	117.6	15.2	7.74	19.7	YES	120	
12	1.870	60	112.2	13.5	7.61	20.8	YES	120	
13	1.600	60	96.0	14.0	7.85	21.3	YES	120	
14	1.680	60	100.8	13.1	7.62	21.0	YES	120	
15	1.720	60	103.2	13.3	7.61	20.7	YES	120	
16	2.020	60	121.2	13.3	7.85	23.4	YES	120	
17	1.430	60	85.8	11.8	7.66	22.7	YES	120	
18	1.480	60	88.8	12.7	7.58	20.8	YES	120	
19	1.560	60	93.6	12.4	7.52	21.0	YES	120	
20	1.980	60	118.8	13.8	7.82	22.3	YES	120	
21	2.080	60	124.8	16.8	7.76	18.1	YES	120	
22	1.970	60	118.2	13.4	7.61	21.2	YES	120	
23	1.760	60	105.6	13.9	7.63	20.2	YES	120	
24	1.660	60	99.6	15.3	7.63	18.2	YES	120	
25	1.640	60	98.4	12.1	7.58	22.1	YES	120	
26	1.330	60	79.8	15.6	7.85	18.6	YES	120	
27	1.540	60	92.4	14.9	7.89	20.3	YES	120	
28	1.890	60	113.4	10.5	7.63	25.8	YES	120	
29									
30									
31									

* 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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