

# OHA - DWS

## Membrane Filter Monthly Operating Report

County: **Polk**

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

Month/Year: **March, 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

LRC = Log Removal Credit

Day	CFE Daily Turbidity [NTU]	Highest CFE* [NTU]	Highest IFE [NTU]	PDR <sub>Max</sub> [psi/min]	LRC [log removal]	DIT Daily
				0.040	4.00	
1	0.025	0.025	0.025	0.03	4.05	Y
2	0.025	0.025	0.025	0.03	4.05	Y
3	0.025	0.025	0.025	0.03	4.05	Y
4	0.025	0.025	0.025	0.03	4.05	Y
5	0.045	0.045	0.045	0.03	4.37	Y
6	0.027	0.027	0.027	0.03	4.38	Y
7	0.026	0.026	0.026	0.03	4.37	Y
8	0.026	0.026	0.026	0.03	4.38	Y
9	0.027	0.027	0.027	0.04	4.29	Y
10	0.027	0.027	0.027	0.04	4.30	Y
11	0.027	0.027	0.027	0.04	4.28	Y
12	0.027	0.027	0.027	0.03	4.42	Y
13	0.027	0.027	0.027	0.03	4.46	Y
14	0.027	0.027	0.027	0.03	4.31	Y
15	0.027	0.027	0.027	0.03	4.41	Y
16	0.028	0.028	0.028	0.03	4.44	Y
17	0.027	0.027	0.027	0.03	4.44	Y
18	0.028	0.028	0.028	0.03	4.39	Y
19	0.027	0.027	0.027	0.03	4.15	Y
20	0.028	0.028	0.028	0.03	4.45	Y
21	0.042	0.042	0.042	0.03	4.08	Y
22	0.029	0.029	0.029	0.03	4.48	Y
23	0.029	0.029	0.029	0.03	4.07	Y
24	0.029	0.029	0.029	0.03	4.13	Y
25	0.030	0.030	0.030	0.03	4.47	Y
26	0.031	0.031	0.031	0.03	4.83	Y
27	0.031	0.031	0.031	0.03	4.48	Y
28	0.032	0.032	0.032	0.03	4.49	Y
29	0.032	0.032	0.032	0.03	4.48	Y
30	0.033	0.033	0.033	0.03	4.48	Y
31	0.034	0.034	0.034	0.03	4.48	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 ≤ PDR <sub>Max</sub> , LRV ≥ LRC)	DIT Daily?
Yes	Yes	Yes	Yes	Yes
CT's met daily? (p. 2)	All Cl <sub>2</sub> residual at EP ≥ 0.2 mg/L?	PDR ≤ PDR <sub>Max</sub> ?	LRV <sub>ambient</sub> ≥ LRC?	
Yes	Yes	Yes	Yes	

**PRINTED NAME:** Darrel Lockard      **DATE:** 4/6/2026  
**SIGNATURE:** *Darrel Lockard*      **WT CERT #: 2853**  
**Notes:** LRV Equation Issues - Qp figure is causing issues      **PHONE #:** (541) 222-9997

\* Used for optimization purposes only.



# 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 <sub>2</sub> Residual at 1 <sup>st</sup> 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]	Peak Hourly Demand Flow [GPM]	Notes (e.g. "Plant Off")
1	1.780	60	106.8	11.1	7.58	24.0	YES	120	
2	1.780	60	106.8	16.6	7.64	17.0	YES	120	
3	2.200	60	132.0	16.8	7.71	18.0	YES	120	
4	1.910	60	114.6	13.6	7.63	20.9	YES	120	
5	1.770	60	106.2	13.0	7.73	22.2	YES	120	
6	1.890	60	113.4	12.1	7.65	23.3	YES	120	
7	1.710	60	102.6	11.6	7.53	22.6	YES	120	
8	1.780	60	106.8	11.9	7.62	23.1	YES	120	
9	1.920	60	115.2	12.4	7.71	23.4	YES	120	
10	1.770	60	106.2	12.6	7.64	22.1	YES	120	
11	1.890	60	113.4	13.0	7.62	21.6	YES	120	
12	1.720	60	103.2	15.2	7.80	19.6	YES	120	
13	1.830	60	109.8	13.7	7.77	21.7	YES	120	
14	1.540	60	92.4	12.9	7.83	22.6	YES	120	
15	1.720	60	103.2	13.2	7.78	22.2	YES	120	
16	2.020	60	121.2	17.7	7.72	16.7	YES	120	
17	1.890	60	113.4	14.6	7.74	20.3	YES	120	
18	1.820	60	109.2	14.2	7.62	19.8	YES	120	
19	1.830	60	109.8	17.0	7.81	17.7	YES	120	
20	1.720	60	103.2	16.3	7.80	18.2	YES	120	
21	1.820	60	109.2	19.2	7.48	13.5	YES	120	
22	1.960	60	117.6	15.2	7.62	18.9	YES	120	
23	1.820	60	109.2	14.7	7.71	19.8	YES	120	
24	1.720	60	103.2	15.0	7.52	17.9	YES	120	
25	1.970	60	118.2	14.3	7.84	21.7	YES	120	
26	1.950	60	117.0	13.3	7.62	21.4	YES	120	
27	1.880	60	112.8	13.9	7.76	21.4	YES	120	
28	1.920	60	115.2	15.1	7.78	20.0	YES	120	
29	1.950	60	117.0	14.2	7.61	20.1	YES	120	
30	1.760	60	105.6	12.7	7.84	23.6	YES	120	
31	1.880	60	112.8	13.2	7.68	21.8	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 10<sup>th</sup> of following month by**

mail: Drinking Water Services  
PO Box 14350  
Portland, OR 97293-0350

email: [dwp.dmce@odhsoha.oregon.gov](mailto:dwp.dmce@odhsoha.oregon.gov)

fax: 971-673-0458

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