

OHA - DWS

Membrane Filter Monthly Operating Report

County: **Polk**

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

Month/Year: **Apr-2024**

PWS ID#: 41 - **01174**

Minimum test pressure applied: **18.21** psi

Plant ID: WTP - _____

Minimum test pressure req'd: **17.24** 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

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

LRC [log removal]

0.040

4.00

DIT Daily

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	off					off
2	off					off
3	0.023	0.033	0.218	0.02	4.43	Y
4	0.029	0.029	0.292	0.03	4.28	Y
5	0.030	0.03	0.265	0.02	4.46	Y
6	0.023	0.024	0.232	0.01	4.33	Y
7	0.022	0.026	0.071	0.02	4.48	Y
8	0.022	0.027	0.069	0.02	4.84	Y
9	0.022	0.026	0.047	0.01	4.82	Y
10	0.023	0.032	0.029	0.02	4.77	Y
11	0.022	0.025	0.362	0.00	5.08	Y
12	0.023	0.028	0.348	0.03	5.08	Y
13	0.026	0.03	0.031	0.01	4.99	Y
14	0.027	0.033	0.039	0.01	4.89	Y
15	off					Off
16	0.028	0.032	0.040	0.01	4.64	Y
17	off					Off
18	off					Off
19	0.028	0.033	0.039	0.02	4.49	Y
20	0.026	0.033	0.041	0.02	4.52	Y
21	0.026	0.03	0.039	0.02	4.36	Y
22	0.025	0.074	0.039	0.03	4.25	Y
23	0.028	0.088	0.039	0.03	4.28	Y
24	0.028	0.031	0.039	0.03	4.21	Y
25	0.029	0.033	0.014	0.03	4.39	Y
26	off					Off
27	0.025	0.028	0.015	0.02	4.63	Y
28	0.026	0.034	0.015	0.02	4.66	Y
29	0.026	0.028	0.021	0.02	4.62	Y
30	0.027	0.03	0.022	0.01	4.78	Y
31						

Compliance summary (operator to complete any blank fields)

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: **5/7/2024**

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

Notes: **N/A NTU Triggered DIT FORM** PHONE #: **(541)222-9997**

OHA-DWS

Disinfection Monthly Operating ReportSystem Name: **Buell Red Prairie Water Dist.**PWS ID#: 41 - **01174****0.5**Log
Inactivation
Required via
Disinfection

Plant ID : WTP -

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	Off		#VALUE!			#VALUE!	#VALUE!		Plant Off
2	Off		#VALUE!			#VALUE!	#VALUE!		Plant Off
3	1.240	60	74.4	12.0	7.00	17.4	YES	110	
4	1.310	60	78.6	14.0	7.00	15.1	YES	110	
5	1.420	60	85.2	13.0	7.00	16.3	YES	110	
6	1.370	60	82.2	14.0	7.00	15.2	YES	110	
7	1.270	60	76.2	14.0	7.00	15.0	YES	110	
8	1.460	60	87.6	14.0	7.00	15.3	YES	110	
9	1.390	60	83.4	14.0	7.00	15.2	YES	110	
10	1.020	60	61.2	15.0	7.00	13.6	YES	110	
11	1.130	60	67.8	14.0	8.00	21.4	YES	110	
12	1.090	60	65.4	14.0	7.00	14.7	YES	110	
13	1.210	60	72.6	15.0	8.00	20.2	YES	110	
14	1.160	60	69.6	15.0	8.00	20.1	YES	110	
15	Off		#VALUE!			#VALUE!	#VALUE!		Plant Off
16	1.240	60	74.4	14.0	8.00	21.6	YES	110	
17	Off		#VALUE!			#VALUE!	#VALUE!		Plant Off
18	Off		#VALUE!			#VALUE!	#VALUE!		Plant Off
19	1.460	60	87.6	14.0	8.00	22.2	YES	110	
20	1.380	60	82.8	14.0	8.00	22.0	YES	110	
21	1.270	60	76.2	15.0	8.00	20.3	YES	110	
22	1.260	60	75.6	15.0	8.00	20.3	YES	110	
23	1.280	60	76.8	15.0	8.00	20.4	YES	110	
24	1.310	60	78.6	15.0	8.00	20.4	YES	110	
25	1.240	60	74.4	15.0	8.00	20.3	YES	110	
26	1.280	60	76.8	15.0	8.00	20.4	YES	110	
27	Off		#VALUE!			#VALUE!	#VALUE!		Plant Off
28	1.180	60	70.8	15.0	8.00	20.1	YES	110	
29	1.070	60	64.2	14.0	8.00	21.2	YES	110	
30	0.940	60	56.4	14.0	8.00	20.9	YES	110	
31									Month is 30 days long

* 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.dmc@odhsoha.oregon.gov

fax: 971-673-0458

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Revised 7/31/2023