

OHA - DWS

Membrane Filter Monthly Operating Report

County: **Polk**

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

Month/Year: **May-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	0.022	0.024	0.014	0.02	4.33	Y
2	0.022	0.025	0.015	0.02	4.43	Y
3	0.022	0.03	0.015	0.03	4.21	Y
4	0.022	0.029	0.021	0.02	4.33	Y
5	0.023	0.031	0.015	0.02	4.42	Y
6	0.022	0.03	0.015	0.02	4.46	Y
7	0.022	0.03	0.017	0.01	4.54	Y
8	0.022	0.029	0.015	0.02	4.64	Y
9	0.022	0.031	0.026	0.01	4.66	Y
10	0.023	0.03	0.016	0.02	4.52	Y
11	0.022	0.028	0.018	0.02	4.43	Y
12	0.024	0.031	0.018	0.04	4.31	Y
13	0.024	0.033	0.027	0.02	4.55	Y
14	0.027	0.035	0.017	0.02	4.84	Y
15	0.027	0.033	0.026	0.01	4.82	Y
16	0.028	0.032	0.018	0.02	4.77	Y
17	0.028	0.036	0.018	0.02	4.55	Y
18	0.030	0.041	0.019	0.02	4.63	Y
19	0.028	0.035	0.024	0.02	4.68	Y
20	0.025	0.034	0.020	0.02	4.40	Y
21	0.025	0.03	0.022	0.02	4.62	Y
22	0.020	0.033	0.027	0.01	4.78	Y
23	0.024	0.031	0.021	0.02	4.84	Y
24	0.027	0.035	0.020	0.03	4.19	Y
25	0.029	0.034	0.021	0.02	4.49	Y
26	0.028	0.035	0.023	0.02	4.52	Y
27	0.025	0.031	0.022	0.02	4.36	Y
28	0.027	0.032	0.023	0.03	4.25	Y
29	0.027	0.033	0.023	0.03	4.28	Y
30	0.030	0.046	0.026	0.01	4.78	Y
31	0.029	0.043	0.023	0.01	4.64	Y

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:** 6/10/2024
SIGNATURE: *Darrel Lockard* **WT CERT #: 2853**
Notes: **PHONE #:** (541) 222-9997

* Used for optimization purposes only.

OHA-DWS

Disinfection Monthly Operating Report

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

PWS ID#: 41 - **01174**

Plant ID : WTP - _____

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	1.270	60	76.2	15.0	8.00	20.3	YES	110	
2	1.360	60	81.6	15.0	8.00	20.5	YES	110	
3	1.310	60	78.6	15.0	8.00	20.4	YES	110	
4	1.050	60	63.0	12.0	8.00	24.2	YES	110	
5	1.180	60	70.8	11.0	8.00	26.2	YES	110	
6	1.250	60	75.0	12.0	8.00	24.7	YES	110	
7	1.190	60	71.4	10.0	8.00	28.1	YES	110	
8	1.200	60	72.0	9.0	8.00	30.1	YES	110	
9	1.250	60	75.0	11.0	8.00	26.4	YES	110	
10	1.170	60	70.2	17.0	8.00	17.6	YES	110	
11	1.110	60	66.6	13.0	8.00	22.8	YES	110	
12	1.080	60	64.8	13.0	8.00	22.7	YES	110	
13	1.030	60	61.8	12.0	8.00	24.1	YES	110	
14	1.050	60	63.0	12.0	8.00	24.2	YES	110	
15	0.940	60	56.4	14.0	8.00	20.9	YES	110	
16	0.750	60	45.0	15.0	8.00	19.2	YES	110	
17	0.690	60	41.4	14.0	8.00	20.3	YES	110	
18	0.720	60	43.2	13.0	8.00	21.8	YES	110	
19	0.700	60	42.0	13.0	8.00	21.8	YES	110	
20	0.640	60	38.4	10.0	8.00	26.3	YES	110	
21	0.620	60	37.2	10.0	8.00	26.3	YES	110	
22	0.700	60	42.0	13.0	8.00	21.8	YES	110	
23	0.680	60	40.8	13.0	8.00	21.7	YES	110	
24	0.740	60	44.4	15.0	8.00	19.1	YES	110	
25	0.570	60	34.2	15.0	8.00	18.8	YES	110	
26	0.770	60	46.2	15.0	8.00	19.2	YES	110	
27	0.760	60	45.6	15.0	8.00	19.2	YES	110	
28	0.720	60	43.2	16.0	8.00	17.9	YES	110	
29	1.120	60	67.2	15.0	8.00	20.0	YES	110	
30	1.080	60	64.8	14.0	8.00	21.3	YES	110	
31	1.160	60	69.6	14.0	8.00	21.5	YES	110	

* 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